

CJ15-3433
Stuart

IN THE DISTRICT COURT OF OKLAHOMA COUNTY
STATE OF OKLAHOMA

FILED IN DISTRICT COURT
OKLAHOMA COUNTY

KIM TRAN

Plaintiff

v.

FARMERS NEW WORLD LIFE
INSURANCE COMPANY

Defendant

Case No.

31

JUN 19 2015

TIM RHODES
COURT CLERK

CJ-2015-3433

PETITION

1. This is a lawsuit against Farmers New World Life Insurance Company ("FNWL") for its bad faith breach of life insurance contract number 003227280 and breach of Oklahoma's inherent duty of good faith and fair dealing.
2. On or about July 18, 1990, FNWL issued life insurance policy number 003227280, insuring the life of Nhuc Vu, and began receiving the monthly premiums.¹
3. Nhuc Vu was an American citizen with an Oklahoma Driver's License, United States passport, and social security number.²
4. Kim Tran, an American citizen,³ is the sole beneficiary on the life insurance policy.⁴
5. Premiums were paid on the life insurance policy for more than 23 years.

¹ See attached Exhibit 00001-00018, Policy documents.

² See attached Exhibit 00029, Certificate of Naturalization issued by the United States of America Department of Justice, Exhibit 00028 Oklahoma Driver's License, and Exhibit 00028 Social Security Card (redacted), and Exhibit 00036 United States Passport.

³ See passport of Kim Tran, attached as Exhibit 00037.

⁴ See Exhibits 00030-00031, beneficiary designation, and Exhibit 00032 FNWL acknowledgment of the change in beneficiary designation. See also exhibit 00061-00062, October 24, 2013 letter from Mr. Reed Baker in the FNWL Life Claims Department in which he states in pertinent part, "...we are writing to confirm that you are the beneficiary on this policy."

6. Nhuc Vu and Kim Tran trusted for all those many years that when Nhuc Vu passed away that FNWL would pay the promised life insurance policy benefits to Kim Tran.
7. The life insurance policy promised, among other things, "If you die ... we will pay the proceeds to the beneficiary on receipt of proof of your death."⁵
8. The policy did not purport to have complicated procedures for securing the policy benefits or provisions that required a heightened standard of proof, but instead simply said that FNWL would pay upon receipt of proof of death.⁶
9. The policy agreement did not require any of the following:
 - 9.1. A certified official death certificate issued in the country where the death occurred **with raised or colored seals**,
 - 9.2. an official claimant statement for insurance proceeds form completed and signed by the beneficiary,
 - 9.3. authorizations to obtain information signed by the next of kin,
 - 9.4. a foreign death questionnaire,
 - 9.5. a completed report of the death of an American Citizen Abroad,
 - 9.6. a form W-8BEN, or
 - 9.7. the *original* policy production.⁷
10. FNWL, (and all insurance companies in Oklahoma) have an inherent duty, as part of the sacred covenant of good faith and fair dealing, to give the insured the benefit of any doubt that arises during the claim process.⁸

⁵ See Exhibit 00007, first paragraph under section, "Payment of Proceeds".

⁶ See attached Exhibit 00001-00018, Policy documents.

⁷ See attached Exhibit 00001-00018, Policy documents.

⁸ On June 13, 2013, the director of life claims at FNWL, Michael Hoetzel, testified that he agreed that an insurance company must always give the insured the benefit of the doubt.

11. Nhuc Vu passed away on or about 6:55 A.M. on October 19, 2013 in Vietnam due to illness.
12. Kim Tran notified FNWL, through FNWL's agent, on or about October 21, 2013 of the death of Nhuc Vu and requested FNWL pay the promised life insurance policy proceeds.
13. FNWL's agent told Kim Tran that he would notify the claims department of the death.
14. On October 24, 2013, FNWL wrote Kim Tram and acknowledged the death of Nhuv Vu by referring to him as "deceased" and stating, "Please accept our condolences on the death of your brother."⁹
15. Despite FNWL acknowledging the fact that Nhuv was now deceased and with the knowledge that FNWL owed the life insurance policy proceeds, FNWL began making lengthy requests and stipulations to delay the claim process and any claim payment, by stating that FNWL would "need"¹⁰ the following documents:

(131:15-18, 132:5-7). The Vice President of FNWL, John Patton, testified on November 18, 2013, that it is FNWL's procedure that if there is doubt as to the issues in a claim, then FNWL grants the benefit to the beneficiary. (22). Craig Williamson, the special investigator for FNWL testified on November 19, 2013 that the covenant of good faith and fair dealing requires that an insurance company always give the insured the benefit of the doubt. (119)

⁹ See attached Exhibit 00061-00062, letter from Reed Baker, Life Claims Department, Farmers New World Life Insurance Company.

¹⁰ See attached Exhibit 00061-00062, letter from Reed Baker, Life Claims Department, Farmers New World Life Insurance Company.

- 15.1. Claimant's Statement for Insurance Proceeds form completed and signed by the beneficiary (even though one was not provided for Kim Tran to fill out)¹¹
- 15.2. Authorization to Obtain Information signed by the next of kin (even though one was not provided to fill out)¹²
- 15.3. The official Death Certificate issued in the country where the death occurred (even though no help was offered in trying to figure out how to obtain this document)¹³
- 15.4. Foreign Death Questionnaire completed with all pertinent claim information (even though one was not provided)¹⁴
- 15.5. A completed Report of the Death of an American Citizen Abroad, if applicable (even though one was not provided)¹⁵
- 15.6. Form W-8BEN completed if the beneficiary has not been issued a Social Security Number¹⁶
- 15.7. The original policy¹⁷
- 15.8. A death certificate with a "raised or colored seal".¹⁸

¹¹ See attached Exhibit 00061-00062, letter from Reed Baker, Life Claims Department, Farmers New World Life Insurance Company.

¹² See attached Exhibit 00061-00062, letter from Reed Baker, Life Claims Department, Farmers New World Life Insurance Company.

¹³ See attached Exhibit 00061-00062, letter from Reed Baker, Life Claims Department, Farmers New World Life Insurance Company.

¹⁴ See attached Exhibit 00061-00062, letter from Reed Baker, Life Claims Department, Farmers New World Life Insurance Company.

¹⁵ See attached Exhibit 00061-00062, letter from Reed Baker, Life Claims Department, Farmers New World Life Insurance Company.

¹⁶ See attached Exhibit 00061-00062, letter from Reed Baker, Life Claims Department, Farmers New World Life Insurance Company.

¹⁷ See attached Exhibit 00061-00062, letter from Reed Baker, Life Claims Department, Farmers New World Life Insurance Company.

16. FNWL's letter also stated that the only documents that FNWL wanted submitted were **original** signed documents.¹⁹
17. FNWL made it clear in the letter that FNWL "cannot accept photocopies or faxed copies."²⁰
18. These conditions and stipulations to claim payment were not contained or agreed upon in the policy issued more than 23 years ago.²¹
19. However, because Mr. Vu died in Vietnam, the only way Kim Tran could possibly come up with the documents that FNWL demanded would be to actually travel to Vietnam, the country where the insured died.
20. On December 23, 2013, FNWL's employee, Reed Baker, wrote to the beneficiary, Kim Tran, cc'd FNWL's agent, and again reiterated that FNWL required that Kim Tran provide **original signed official** death certificate issued by the country where the death occurred and a completed report of the death of an American citizen before any claim would be paid.²²
21. FNWL's letter also claimed that the death certificate had to bear a raised or colored seal, which could only be obtained in the country where the death occurred.²³
22. FNWL never provided a copy of a "Report of the Death of an American Citizen Abroad", explained whether it was "applicable", or whether it was required.

¹⁸ See attached Exhibit 00061-00062, letter from Reed Baker, Life Claims Department, Farmers New World Life Insurance Company.

¹⁹ See attached Exhibit 00061-00062, letter from Reed Baker, Life Claims Department, Farmers New World Life Insurance Company.

²⁰ See attached Exhibit 00061-00062, letter from Reed Baker, Life Claims Department, Farmers New World Life Insurance Company.

²¹ See Exhibit 00007, first paragraph under section, "Payment of Proceeds", attached.

²² See Exhibit 00069-00071, letter from FNWL employee, Reed Baker, attached.

²³ See Exhibit 00069-00071, letter from FNWL employee, Reed Baker, attached.

23. On December 31, 2013, FNWL's agent wrote to the US Embassy in Ho Chi Minh City stating,
- "Our client, Nhuc Vu, passed away while living in Vietnam on October 19, 2013. He had a life insurance policy with [FNWL], policy number 003227280. In order for us to process the death claim, we are in need of an original death certificate, which, we understand, you will be able to provide..."²⁴
24. This letter constituted another admission by an agent or employee of FNWL that Nhuc Vu was in fact dead, but FNWL still failed to pay the owed money.
25. On January 13, 2014, FNWL's employee, Reed Baker, wrote to the beneficiary, Kim Tran, cc'd FNWL's agent, and reiterated that FNWL required that Kim Tran provide **original signed official** death certificate issued by the country where the death occurred (Vietnam) and a completed report of the death of an American citizen.²⁵
26. On February 3, 2014, FNWL's employee, Reed Baker, wrote again to the beneficiary, Kim Tran, again cc'd FNWL's agent, and again reiterated that FNWL required that Kim Tran provide **original signed official** death certificate issued by the country where the death occurred and a completed report of the death of an American citizen.²⁶
27. On November 17, 2014, the United States of America, Social Security Administration spoke to Kim Tran, Kim Tran advised the Social Security Administration about the death of Mr. Vu, the Social Security Administration inputted the death into the federal government records, and accepted the fact that

²⁴ See Exhibit 00066, letter from FNWL agent to US Embassy Ho Chi Mien City, attached.

²⁵ See Exhibit 00075, letter from FNWL employee, Reed Baker, attached.

²⁶ See Exhibit 00076, letter from FNWL employee, Reed Baker, attached.

Mr. Vu was in fact dead (without production of a foreign death certificate or the other documentary demands made by FNWL).²⁷

28. On or about November 19, 2014, Plaintiff contacted FNWL's agent and requested that FNWL's claim department accept the United States Government's social security determination as acceptable proof of death, and pay the claim.
29. By about November 21, 2014, FNWL had reviewed the social security document and denied the claim of the Plaintiff stating that the letter was not proof of death and again claimed that FNWL always insists on a certified death certificate, one that has been certified by the local bureau of vital statistics or other responsible agency, and bears a raised or colored seal.
30. On December 18, 2014, UMB Bank accepted the fact that Mr. Vu had passed away and provided written confirmation of same, without the requirement of a foreign death certificate or the other documentary demands of FNWL.
31. Even after FNWL knew Mr. Vu had passed away (evidenced by FNWL's letter from October 24, 2013 in which it stated, "Please accept our condolences on the death of your brother"²⁸ and other letters referred to Mr. Vu as 'deceased'), on March 23, 2015, FNWL sent a letter to their deceased insured, Nhuc V Vu demanding that he pay the life insurance premium and threatening "failure to pay all premiums billed may jeopardize continuation of coverage."²⁹

²⁷ See Exhibit 00081, letter from Social Security Administration.

²⁸ See attached Exhibit 00061-00062, letter from Reed Baker, Life Claims Department, Farmers New World Life Insurance Company.

²⁹ See Exhibit 00084-00085, billing statement issued to Nhuc Vu from FNWL.

32. On or about April 17, 2015, Kim Tran delivered to FNWL's agent a hand written letter³⁰ explaining why FNWL should know that the insured had passed away, along with notices from the bank and the government substantiating death, and requested that the information be forwarded to the FNWL claims department, but the claim still remained unpaid.
33. By April 28, 2015, Kim Tran had had enough. She paid for the expense of booking travel to go to Vietnam, boarded an airplane on United Airlines, flew first from Oklahoma City to San Francisco³¹, then from San Francisco to Hong Kong³², and then from Hong Kong to Ho Chi Minh city³³ in order to try to obtain the documentation that FNWL continued to demand.
34. On May 21, 2015, after Kim Tran had left for Ho Chi Minh City, to try to obtain the information that FNWL demanded, FNWL wrote Kim Tran and cc'd the FNWL agent. While continuing to refer to Nhuc Vu as deceased, it still refused to pay the claim, and warned that the process of concluding the handling 'can take time.'³⁴
35. On June 2, 2015, Kim Tran flew back to Oklahoma City with the documentation FNWL demanded and conclusive proof that the insured was in fact dead.³⁵
36. Photographs that are marked exhibits 20003-20034 (attached) speak for themselves. The insured is dead and has been since the Plaintiff first notified FNWL over a year and a half ago.

³⁰ See Exhibit 00109-00114, letter from Kim Tran to FNWL

³¹ See Exhibit 00094, boarding pass from Oklahoma City to San Francisco

³² See Exhibit 00096, boarding pass from San Francisco to Hong Kong

³³ See Exhibit 00098, boarding pass from Hong Kong to Ho Chi Minh

³⁴ See attached Exhibit 000108, letter from FNWL

³⁵ See attached Exhibits 000100-000105, boarding passes from Ho Chi Minh City to Hong Kong, to San Francisco, to Oklahoma City.

37. See also death certificate with color seal obtained in Vietnam, exhibit 00065.
38. FNWL has unreasonably, and in bad faith, refused to pay this claim, even though it knows or reasonably should know that it clearly owed the money.
39. FNWL should have given their own beneficiary the benefit of the doubt, not required her to obtain documentation that could only be gathered by traveling to Vietnam, and simply paid the claim.
40. As a result of FNWL's bad conduct, Kim Tran has incurred certain damages, including not being paid the money owed on the life insurance policy, having to incur unreasonable and unnecessary travel expenses and other out of pocket costs to travel out of the country to gather evidence of the death of the insured, mental distress and anxiety, attorney fees, and costs.
41. This lawsuit seeks a jury verdict against FNWL for the money that FNWL should have paid Kim Tran for benefits owed on the life insurance policy, her other out of pocket costs associated with her trip to Vietnam, other actual damages, and also seeks a verdict for punitive damages, to punish and deter FNWL (and other similar companies) from engaging in similar bad faith conduct.
42. The amount of money demanded in this lawsuit is in excess of \$75,000.
43. FNWL is a life insurance company organized in the state of Washington.
44. FNWL's principle place of business is also in Washington.
45. This court is a proper venue.
46. This Court has subject matter jurisdiction.
47. This Court may assert personal jurisdiction over the Defendant because the Defendant has sufficient minimum contacts with the state of Oklahoma such that

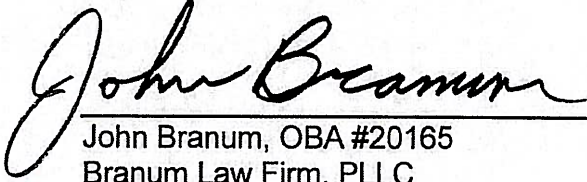
this Court's assertion of personal jurisdiction does not offend traditional notions of fair play and substantial justice.

48. FNWL sells many life insurance policies throughout the state of Oklahoma through many appointed insurance agents.
49. FNWL collects premiums from many people in Oklahoma on life insurance policies and these people deserve to have their future claims paid promptly and the claims investigated in good faith by FNWL.
50. On the policy at issue, policy number 003227280, all premiums were paid.
51. On the date of the insured's death, the policy was in full force and effect.
52. The beneficiary more than complied with all her duties and obligations.
53. FNWL breached the duty of good faith and fair dealing by not conducting a proper claims investigation, not agreeing to pay the claim when it should have, unreasonably requiring the beneficiary to obtain documentation that was not necessary to pay the claim, engaging in unreasonable delays, and effectively denying the claim.
54. FNWL breached the insurance contract by not paying the claim when it should have and breached the duty of good faith and fair dealing in not fulfilling its contractual promise to pay, failing to investigate the claim promptly and properly, attempting to shift the burden of claims investigation to the insured, refused to honor Plaintiff's claims for reasons not provided for in the policy, attempted to apply restrictions not actually contained in the policy, attempted to collect premiums on the life insurance policy after the insured was dead, refused to honor Plaintiff's claims by knowingly misconstruing and misapplying policy

provisions, failing to adopt and implement reasonable standards for the prompt investigation and reasonable handling of claims arising under the above articulated policy, failed to make prompt payment of this valid claim, forced the insured to travel overseas in order to obtain evidence of death, forced the insured to retain counsel in order to secure benefits that Defendant knows or reasonably should know are payable under the policy, failed to properly evaluate any investigation that was performed, failed to adequately assist the insured through the claims process, unreasonably delayed owed payment, failed to treat the insured with equal regard to that of its own interests, put the insurance company's interest in saving money ahead of the beneficiary's interest being paid, failed to keep the beneficiary reasonably informed regarding the claim, did not handle the claim properly or in good faith, failed to take into account what the insured has to say and actually listen to the insured, failed to give the insured the benefit of the doubt, failed to properly justify the claim denial, and then failed to make payment of the valid claim.

55. The above breaches of duty of good faith and fair dealing, and the breach of contract give rise to this action.
56. Plaintiff demands judgment against the Defendant for an amount in excess of \$75,000, plus attorneys' fees and costs.

Dated this 19th day of June, 2015.

A handwritten signature in black ink, reading "John Branum". The signature is written in a cursive style with a horizontal line underneath it.

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ATTORNEYS FOR PLAINTIFF

Farmers New World Life Insurance Company

Home Office Mercer Island, Washington

A STOCK COMPANY



Insured NHUC V VU

003227280 Policy Number

In this policy the Insured will be referred to as "you" and Farmers New World Life Insurance Company will be referred to as "us" or "we".

In consideration of the application and payment of premiums we insure you in accordance with the provisions of all the pages of this policy.

We will pay the proceeds in the manner provided in the section titled Payment of Proceeds.

Your benefits under this policy, the amount of the premium, the premium due dates, and other policy data are shown as the Policy Specifications on the last page of this policy.

Notice of Your Right to Return This Policy

This policy may, at any time within 10 days after its receipt by you, be returned for cancellation by delivering it or mailing it to the agent through whom it was purchased, to a branch office, or to our office, Mercer Island, Washington. Such delivery or mailing of policy shall void the policy from the beginning and the parties shall be in the same position as if no policy or contract had been issued. All premiums paid and any policy fee paid for the policy will be refunded to you.



Glen W. Vining
Glen W. Vining
President

Robert W. Biggs
Robert W. Biggs
Secretary

000001

1987-100-NONPARTICIPATING VARIABLE PREMIUM WHOLE LIFE. PREMIUMS
PAYABLE TO AGE 100 OR UNTIL PRIOR DEATH.

Farmers New World Life Insurance Company

Policy Specifications

INSURED NHUC V VU INSURANCE AGE AT ISSUE 52
 POLICY NUMBER 003227280 PRINCIPAL SUM \$20,000
 DATE OF ISSUE JULY 18, 1990

PREMIUMS - PREMIUMS ARE DUE AND PAYABLE FOR THE NUMBER OF YEARS SHOWN IN THE SUMMARY BELOW, OR UNTIL YOUR PRIOR DEATH. TOTAL PREMIUMS, YEARS 1-3 ARE GUARANTEED. THEREAFTER, AT 3 YEAR INTERVALS, PREMIUMS MAY VARY SUBJECT TO THE MAXIMUM TOTAL PREMIUM. THE TOTAL ANNUAL PREMIUM WILL BE REDUCED BY THE AMOUNT OF SPECIFIED PREMIUM FOR ANY ADDITIONAL BENEFIT UPON TERMINATION OF THAT ADDITIONAL BENEFIT PROVISION OR RIDER SHOWN BELOW. YOU HAVE ELECTED TO PAY SPECIAL PREMIUMS. THE FIRST MODE PREMIUM IS DUE AND PAYABLE ON THE DATE OF ISSUE. SUBSEQUENT MODE PREMIUMS ARE PAYABLE EVERY MONTH.

| | | | |
|----------------------------------|-----------------------|------------------------|--------------------|
| MODE PREMIUMS | ANNUAL \$831.20 | SEMIANNUAL \$423.91 | SPECIAL \$70.65 |
| PREMIUM CLASS | STANDARD | | |
| BENEFIT | ANNUAL PREMIUM | PAYABLE | |
| WHOLE LIFE | CURRENT BASIC PREMIUM | \$831.20 | 3 YEARS |
| | | ----- | |
| TOTAL PREMIUM, FIRST 3 YEARS | | \$831.20 | 3 YEARS |
| MAXIMUM TOTAL PREMIUM THEREAFTER | | \$1,092.20 | 39 YEARS |

ANNIV 7-18-90 - 20,000

the - insured - VUC NHUC

2009, 5 pen - AVE

OKC - City OK - 73108

now he live - 1118 - NW 29 - OKLAHOMA CITY OK 73106

new address - 8804 S INDIANA OKC - CITY OK 73157

00002

1987-100-NONPARTICIPATING VARIABLE PREMIUM WHOLE LIFE. PREMIUMS
 PAYABLE TO AGE 100 OR UNTIL PRIOR DEATH.

This policy is a legal contract between you and us. **READ YOUR POLICY CAREFULLY.** This **LIFE INSURANCE** policy provides death protection for as long as you live during the period of coverage. That period, the premium payment details, and other policy data are shown in the policy specifications on the last page of this policy.

ALPHABETIC GUIDE TO YOUR POLICY

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ADDITIONAL BENEFITS

Any additional benefits shown on the policy specifications page or endorsements will follow the Table of Values.

00003

DEFINITIONS

| | |
|---------------------------------|--|
| Attained Age | The sum of your age at issue plus the number of policy years completed since issue. |
| Beneficiary | The person who will receive the proceeds of the policy. |
| Evidence of Insurability | Information about a person which is used to approve or reinstate the policy. |
| In Force | In effect. An insurance policy that is in force will provide a benefit if the insured loss occurs. If the policy is not in force there will be no benefit. |
| Issue Age | Your age as of your last birthday on the date the policy was issued. |
| Issue Date | The effective date for your coverage. Policy months, years, and anniversaries are measured from the issue date. |
| Lapse | The policy will lapse if the premium is not paid by the end of the grace period. The lapse date will be that of the premium due date. |
| Principal Sum | The amount of death benefit shown on the policy specifications page. The actual proceeds paid may be more or less than the principal sum. |
| Reinstate | To restore the policy to a premium paying basis. |
| Special Premium Class | A classification, for underwriting purposes, which affects the premium required to insure an individual. |
| Surrender | To cancel the policy by signed request from the owner. |
| Terminate | The benefits and insurance end under any of the terms of the policy. |

00004

GENERAL PROVISIONS

Contract

The entire contract is:

1. this policy;
2. the application attached at issue;
3. any attached amendments to the application; and
4. any attached riders and endorsements.

In the absence of fraud, we will consider all statements in the application to be representations and not warranties. No statement by you or the applicant will be used by us to contest a claim unless the statement is in the attached application or in an attached amendment to the application.

Modifications

Any change in the terms of this contract must be in writing and signed by one of our officers. A copy of the change will be attached to and made a part of this policy. No agent has the authority to change any terms or conditions of this contract.

Incontestability

We will not contest this policy after it has been in force for two years during your lifetime except for nonpayment of premiums. This provision does not apply to any additional benefits for disability or accidental death.

If this policy is reinstated, we will not contest any statements on the reinstatement application after the policy has been in force for two years from its date of reinstatement during your lifetime.

Suicide

If, within two years from the issue date, you die by suicide, while sane or insane, we will limit the amount payable to the premiums paid less any policy loans.

Misstatement of Age or Sex

If your age or sex was misstated, the amount payable will be that which the premiums paid would have purchased at the correct age or sex.

You may file proof of age or sex at any time. Once your age or sex is established to our satisfaction, we will use this age or sex in any settlement.

Conformity to State Law

This policy is subject to the laws of the state in which it is delivered. Any terms which are in conflict with these laws are amended to conform.

Nonparticipating

This policy is nonparticipating. It does not share in our surplus earnings. We will pay no dividends on this policy.

00005

OWNERSHIP

Owner

You are the owner of this policy unless:

1. another person is named as owner in the application; or
2. a new person is named as provided in the Change of Owner section below.

Rights of Ownership

During the lifetime of the insured, the owner has the right to:

1. any benefit this policy pays; and
2. any value this policy provides; as well as
3. any rights and privileges this policy confers.

Change of Owner

The owner may name a new owner by notifying us in writing while the insured is alive. When we receive acceptable signed notice, the change will take effect on the date the notice was signed. The change is subject to any action we may have taken before receiving the notice.

Assignments

The owner may assign this policy. We are not bound by an assignment unless duplicate signed forms are filed with us. We are not responsible for the validity of an assignment. The rights of the owner and the beneficiary are subject to the rights of the assignee.

BENEFICIARY

Beneficiary Designation

The beneficiary is the person or persons named to receive the proceeds at your death. The beneficiary is as named in the application or as changed by the owner's signed request while you are living.

If no beneficiary is living when you die, we will pay the proceeds to the owner or to the owner's estate.

Change of Beneficiary

The beneficiary may be changed at any time before your death. The change must be signed by the owner and sent to us. The change will take effect on the date it was signed, subject to any action taken by us before we receive the request.

15-Day Delay Clause

A delay clause may be requested in the application or in any acceptable signed request filed with us. This clause provides if the beneficiary dies within 15 days following your death (not including the date of death), the proceeds will be paid as if the beneficiary died before you.

Future Children Clause

A clause including future children as beneficiaries may be requested in the application or in any acceptable signed request filed with us. This clause provides that children born of your present marriage to the primary beneficiary prior to the end of 10 months after the date of your death shall share equally with the other children in the beneficiary class designated. This clause does not provide for payment to children born to these future children.

Required Signatures

The owner must sign all requests for:

1. a change of beneficiary,
2. a delay clause, or
3. a future children clause.

00006

PROCEEDS

Payment of Proceeds

If you die while this policy is in force, we will pay the proceeds to the beneficiary on receipt of proof of your death. If no beneficiary survives you, we will pay the proceeds to the owner or the owner's estate. Payment will be made in one sum unless a settlement option with a different method of payment is chosen.

Amount Payable

At your death we will pay:

1. the principal sum; less
2. any policy loans and accrued loan interest; plus
3. the amounts to be paid under the terms of any attached riders.

The proceeds will be increased by any part of a premium paid beyond the policy month of your death. The proceeds will be decreased by any overdue monthly premium due at the date of your death.

SETTLEMENT PRIVILEGES

Settlement

The proceeds of this policy may be paid in one sum. The proceeds may also be paid under any reasonable settlement that may be arranged with our consent. When the proceeds from a death claim are payable as one sum, your beneficiary may select a reasonable settlement. When you select a settlement, your beneficiary may not assign or receive payments before they are due unless expressly given this right by you.

A payee may name a contingent payee to receive any final amount that would otherwise be paid to the payee's estate.

Restriction

Any settlement requires the proceeds to be at least \$2500 and any periodic payments to be at least \$25. The first installment will be due, or interest will begin on the date of death, maturity, or surrender.

Options

A brief outline of several specific settlements are listed below. The amounts and interest rates shown in the options are based on guaranteed minimum interest rates. We may choose to use rates which are higher than the guaranteed minimum rate. These rates are subject to change at any time. Information regarding current rates is available from our home office.

Interest Accumulation

Proceeds will earn interest at the rate of 3½ percent per year compounded annually. We may retain these funds under this option for not longer than five years. If the beneficiary is a minor we may retain these funds until the beneficiary attains the age of majority.

Interest Income

Each \$1000 of proceeds will yield an income of not less than \$35.00 annually, \$17.35 semi-annually, \$8.64 quarterly, or \$2.87 monthly. Unless you direct otherwise, the payee may withdraw the proceeds at any time. After the first year, we may defer such withdrawal for up to six months.

00007

Income—
Period Certain

We will pay installments for a specified period. The amount of each installment will not be less than those shown in the following table. If the payee dies prior to the end of the specified period, the installments remaining to the end of the period will be paid to the contingent payee. The contingent payee may elect to receive a single commuted amount in lieu of installment payments.

| Number of Installments | Amount of Each Monthly Installment | Number of Installments | Amount of Each Monthly Installment |
|------------------------|------------------------------------|------------------------|------------------------------------|
| 12 | \$84.65 | 96 | \$11.90 |
| 24 | 43.05 | 108 | 10.75 |
| 36 | 29.19 | 120 | 9.83 |
| 48 | 22.27 | 180 | 7.10 |
| 60 | 18.11 | 240 | 5.75 |
| 72 | 15.35 | 300 | 4.96 |
| 84 | 13.38 | | |

Income—
Amount Certain

We will pay installments of a specified amount until the proceeds, together with 3½ percent interest compounded annually, are paid in full.

Income—
Life

We will pay installments for the lifetime of the payee but for not less than a guaranteed period. If the payee dies prior to the end of the guaranteed period, the installments remaining will be paid to the contingent payee. The contingent payee may choose to receive a single commuted amount in lieu of installments.

The installments will not be less than those determined using the method and table below:

1. If you chose the payments for your beneficiary before your death, we will add 3 years to the beneficiary's age at last birthday prior to the date of the first payment.
2. For any other payee the age used shall be the age at last birthday prior to the date of the first payment.

We may request proof of age of the payee.

| AMOUNT OF EACH MONTHLY INSTALLMENT (Per \$1,000 of Proceeds) | | | | | | | | | | | |
|---|--------------|-----------------------------------|------|------|------|--------------|--------|-----------------------------------|------|------|------|
| Age of Payee | | Number of Installments Guaranteed | | | | Age of Payee | | Number of Installments Guaranteed | | | |
| Male | Female | 60 | 120 | 180 | 240 | Male | Female | 60 | 120 | 180 | 240 |
| 10 and under | 15 and under | 3.01 | 3.01 | 3.01 | 3.01 | 45 | 50 | 4.10 | 4.08 | 4.05 | 3.99 |
| 11 | 16 | 3.03 | 3.02 | 3.02 | 3.02 | 46 | 51 | 4.17 | 4.15 | 4.11 | 4.06 |
| 12 | 17 | 3.04 | 3.04 | 3.03 | 3.03 | 47 | 52 | 4.26 | 4.23 | 4.18 | 4.12 |
| 13 | 18 | 3.05 | 3.05 | 3.05 | 3.05 | 48 | 53 | 4.34 | 4.31 | 4.26 | 4.19 |
| 14 | 19 | 3.06 | 3.06 | 3.06 | 3.06 | 49 | 54 | 4.43 | 4.40 | 4.34 | 4.25 |
| 15 | 20 | 3.08 | 3.08 | 3.08 | 3.07 | 50 | 55 | 4.53 | 4.49 | 4.42 | 4.32 |
| 16 | 21 | 3.09 | 3.09 | 3.09 | 3.09 | 51 | 56 | 4.63 | 4.58 | 4.50 | 4.39 |
| 17 | 22 | 3.11 | 3.11 | 3.10 | 3.10 | 52 | 57 | 4.73 | 4.68 | 4.59 | 4.46 |
| 18 | 23 | 3.12 | 3.12 | 3.12 | 3.12 | 53 | 58 | 4.83 | 4.78 | 4.67 | 4.53 |
| 19 | 24 | 3.14 | 3.14 | 3.14 | 3.13 | 54 | 59 | 4.94 | 4.88 | 4.76 | 4.60 |
| 20 | 25 | 3.16 | 3.16 | 3.15 | 3.15 | 55 | 60 | 5.07 | 4.99 | 4.86 | 4.67 |
| 21 | 26 | 3.18 | 3.17 | 3.17 | 3.17 | 56 | 61 | 5.18 | 5.09 | 4.95 | 4.74 |
| 22 | 27 | 3.19 | 3.19 | 3.19 | 3.19 | 57 | 62 | 5.30 | 5.20 | 5.04 | 4.81 |
| 23 | 28 | 3.21 | 3.21 | 3.21 | 3.21 | 58 | 63 | 5.43 | 5.32 | 5.13 | 4.87 |
| 24 | 29 | 3.23 | 3.23 | 3.23 | 3.23 | 59 | 64 | 5.57 | 5.44 | 5.22 | 4.94 |
| 25 | 30 | 3.26 | 3.25 | 3.25 | 3.25 | 60 | 65 | 5.72 | 5.57 | 5.32 | 5.00 |
| 26 | 31 | 3.28 | 3.28 | 3.27 | 3.27 | 61 | 66 | 5.87 | 5.70 | 5.43 | 5.07 |
| 27 | 32 | 3.30 | 3.30 | 3.30 | 3.29 | 62 | 67 | 6.04 | 5.84 | 5.53 | 5.13 |
| 28 | 33 | 3.33 | 3.32 | 3.32 | 3.31 | 63 | 68 | 6.21 | 5.99 | 5.64 | 5.19 |
| 29 | 34 | 3.35 | 3.35 | 3.35 | 3.34 | 64 | 69 | 6.40 | 6.14 | 5.74 | 5.25 |
| 30 | 35 | 3.38 | 3.38 | 3.37 | 3.36 | 65 | 70 | 6.61 | 6.31 | 5.85 | 5.31 |
| 31 | 36 | 3.41 | 3.40 | 3.40 | 3.39 | 66 | 71 | 6.82 | 6.48 | 5.95 | 5.36 |
| 32 | 37 | 3.44 | 3.43 | 3.43 | 3.42 | 67 | 72 | 7.05 | 6.65 | 6.06 | 5.40 |
| 33 | 38 | 3.47 | 3.46 | 3.46 | 3.45 | 68 | 73 | 7.30 | 6.83 | 6.16 | 5.44 |
| 34 | 39 | 3.50 | 3.49 | 3.49 | 3.48 | 69 | 74 | 7.56 | 7.01 | 6.26 | 5.48 |
| 35 | 40 | 3.53 | 3.53 | 3.52 | 3.51 | 70 | 75 | 7.84 | 7.20 | 6.36 | 5.52 |
| 36 | 41 | 3.58 | 3.57 | 3.56 | 3.55 | 71 | 76 | 8.10 | 7.37 | 6.43 | 5.54 |
| 37 | 42 | 3.62 | 3.62 | 3.61 | 3.59 | 72 | 77 | 8.39 | 7.55 | 6.51 | 5.56 |
| 38 | 43 | 3.66 | 3.66 | 3.65 | 3.63 | 73 | 78 | 8.68 | 7.72 | 6.58 | 5.57 |
| 39 | 44 | 3.72 | 3.71 | 3.70 | 3.68 | 74 | 79 | 9.00 | 7.90 | 6.65 | 5.59 |
| 40 | 45 | 3.77 | 3.75 | 3.75 | 3.72 | 75 | 80 | 9.32 | 8.07 | 6.70 | 5.60 |
| 41 | 46 | 3.83 | 3.80 | 3.80 | 3.78 | 76 | 81 | 9.71 | 8.26 | 6.76 | 5.61 |
| 42 | 47 | 3.89 | 3.86 | 3.86 | 3.83 | 77 | 82 | 10.12 | 8.44 | 6.81 | 5.62 |
| 43 | 48 | 3.96 | 3.94 | 3.92 | 3.88 | 78 | 83 | 10.54 | 8.62 | 6.85 | 5.62 |
| 44 | 49 | 4.03 | 4.01 | 3.98 | 3.94 | 79 | 84 | 10.99 | 8.78 | 6.89 | 5.63 |
| | | | | | | 80 and over | 85 | 11.45 | 8.94 | 6.91 | 5.63 |

PREMIUMS AND REINSTATEMENT

Premium Payments

Premiums are payable in advance either at our home office or to one of our authorized agents. We will provide a receipt signed by one of our officers upon request.

You may pay annually, semiannually or quarterly. You may pay monthly if your premium payment is at least \$15.00 per month. You may change the frequency of your payment at the beginning of any policy year. You may change to an annual payment by paying the balance of the premium for the policy year.

To calculate the premium for other than annual, multiply the total annual premium by the following factor:

| | |
|------------|-----|
| Semiannual | .51 |
| Quarterly | .30 |
| Monthly | .11 |

Premium Change

For policy years 1 through 3 the premium is shown on the policy specifications page. The Current Basic Premium is guaranteed for 3 years. The premiums for any riders are guaranteed for the duration of the riders.

For policy years 4 and after, we will redetermine the premium. Premium changes will only be made at the end of 3 year intervals. The new premium will be guaranteed for the following 3 years.

Any premium change will apply to all policies with the same issue age, sex, premium class, face amount and calendar year of issue. Your guaranteed values will not be affected by any premium change. We will not change premiums because of any change in your health or occupation.

The premium for the policy and any riders will never exceed the Maximum Premium shown on the policy specifications page.

Grace Period

We allow a grace period of 31 days following the due date of each premium after the first. This policy will continue in force during the grace period. If you die during the grace period, a monthly premium will be deducted from the proceeds. If a premium is not paid by the end of the grace period, this policy will end except as provided in the Guaranteed Values section.

Reinstatement

You may reinstate this policy within five years of a lapse in premium payments. Reinstatement is not allowed if this policy has been surrendered for cash.

To reinstate this policy you must:

1. provide evidence of insurability which is acceptable to us; and
2. pay past due premiums plus interest at the rate of 6 percent compounded annually; and
3. pay off or reinstate any policy loan outstanding at the date of lapse plus accrued loan interest to the date of reinstatement; and
4. return to us any Paid Up Life or Extended Term Insurance endorsement previously issued.

Automatic Reinstatement

We will automatically reinstate your policy within 20 days after the end of the grace period if we receive your payment while you are living.

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POLICY LOANS

General

While this policy is in force as other than Extended Term Insurance, you may make a loan for all or part of the loan value. The policy must be assigned to us as sole security. We may defer a policy loan for up to six months except to pay premiums.

Loan Value

The loan value is the cash value shown in the Table of Values less:

1. any due and unpaid premiums; and
2. any existing loans including interest; and
3. any additional loan interest due on the next anniversary date.

Interest Rate

Interest accrues daily on the loan. The interest rate is 8 percent per year, compounded annually. We may change the interest rate, but it will never exceed the maximum rate of 8 percent. We will notify you of any increase in loan interest at least 30 days before the new rate becomes effective.

Interest Due

Interest is due on each policy anniversary or, if earlier:

1. the date of death, lapse, surrender, or reinstatement; or
2. the date this policy is continued as Paid Up Life or Extended Term Insurance; or
3. the date of a policy loan increase or repayment.

Any interest not paid when due becomes part of the loan and accrues interest.

Loan Repayment

You may repay all or part of any policy loan plus accrued interest at any time before your death or before any Guaranteed Values Option goes into effect. Any loan repayment must be for at least \$25.

Unpaid Loans

We will deduct any unpaid loans from the proceeds. If this policy is in force under Option 2 or Option 3 of the Guaranteed Values section:

1. An unpaid loan deducted on fixing the Paid Up Life or Extended Term Insurance may not be repaid unless the policy is reinstated.
2. The unpaid loan is not deducted again from any proceeds payable before reinstatement.

If the unpaid loan plus accrued interest equals or exceeds the cash value, this policy will lapse 31 days after notice is mailed to you or any assignee.

Automatic Premium Loan

Past due premiums are paid automatically by loan if:

1. you make a signed request in the application or before the grace period ends; and
2. you have not revoked the automatic premium loan option in writing; and
3. your policy has enough loan value to pay for at least one day's insurance.

You may resume premium payments at any time while this policy stays in force under this provision.

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GUARANTEED VALUES

| | |
|--|--|
| General | On any date that this policy has a surrender value, as defined below, you are guaranteed that value even if you stop paying premiums. This value may be applied to one of the three options listed below. |
| Surrender Value | The surrender value is: 1. the cash value shown in the Table of Values; less 2. any policy loan plus interest outstanding. |
| Option 1: Surrender | You may submit this policy with your signed request for surrender and we will pay you the surrender value. We reserve the right to defer the payment of the surrender value for up to 6 months or the period allowed by law, whichever is less. |
| Option 2: Paid Up Life Insurance | THIS OPTION IS AUTOMATIC IF THE POLICY IS IN A SPECIAL PREMIUM CLASS. You may continue the policy as Paid Up Life Insurance. If your policy does not have a loan, the amount of Paid Up Life Insurance is shown in the Table of Values. If your policy has a loan, the surrender value will be used as a net single premium at your attained age to determine the amount of Paid Up Life Insurance. This Paid Up Life Insurance will be payable under the conditions outlined in the policy endorsement which will be issued to you. It will have cash and loan values. It may be surrendered within 30 days after any anniversary date for its surrender value on that anniversary date. |
| Option 3: Extended Term Insurance | THIS OPTION IS NOT AVAILABLE IF THE POLICY IS IN A SPECIAL PREMIUM CLASS. You may continue this policy as Extended Term Insurance. The amount of Extended Term Insurance will equal the principal sum less any policy loan. The period of Extended Term Insurance is shown in the Table of Values unless there is a policy loan. If there is a policy loan, the surrender value will be used as a net single premium at your attained age to determine the period of Extended Term Insurance. This insurance may be surrendered for its net present value at any time. Within 30 days after any anniversary date, it may be surrendered for its net present value on the anniversary date. |
| Automatic Option | Unless your policy is in a special premium class, we will automatically exercise Option 3: 1. if you do not pay a premium within the grace period; and 2. if the automatic premium loan provision is not in effect. If your policy is in a special premium class, Option 2 will be the automatic option. |
| Selection of Option | You may select an option available to you at any time by sending us a signed request. However, you must make a selection within 60 days after the due date of an unpaid premium or the automatic option will take effect. |
| Effect on Riders | When an option becomes effective, all riders will end unless otherwise provided for in the rider. |
| Reserve Basis | The reserves for this policy are calculated using the Commissioners 1980 Standard Ordinary Mortality Table, the Commissioners Reserve Valuation Method, and age last birthday. The statutory valuation interest rate is determined in accordance with the standard valuation law of the state in which the policy is delivered. |

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Table of Guaranteed Values

The guaranteed values for your policy are determined by your age and sex at issue and by the number of years that premiums have been paid. These values are affected by a policy loan. Due allowance will be made for any premium paid for a fraction of a year. The Cash and Paid Up Life values are for each \$1000 of principal sum. The Extended Term Insurance values are for the principal sum for the period shown. Extended Term Insurance is not available if the policy is in a special premium class as shown on the policy specifications page.

| Option 3 | | | | Option 3 | | | | Option 3 | | | | Option 3 | | | |
|--------------|--------------|--------------------|------|--------------|--------------|--------------------|------|--------------|--------------|--------------------|------|--------------|--------------|--------------------|------|
| 1 | 2 | Extended Insurance | | 1 | 2 | Extended Insurance | | 1 | 2 | Extended Insurance | | 1 | 2 | Extended Insurance | |
| Cash or Loan | Paid Up Life | Yrs. | Days | Cash or Loan | Paid Up Life | Yrs. | Days | Cash or Loan | Paid Up Life | Yrs. | Days | Cash or Loan | Paid Up Life | Yrs. | Days |
| Age 40 | | | | Age 41 | | | | Age 42 | | | | Age 43 | | | |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 | 35 | 1 | 150 | 8 | 38 | 1 | 177 | 8 | 36 | 1 | 199 | 9 | 39 | 1 | 157 |
| 18 | 85 | 3 | 109 | 19 | 86 | 3 | 82 | 21 | 91 | 3 | 136 | 22 | 91 | 3 | 74 |
| 30 | 135 | 5 | 13 | 32 | 138 | 4 | 356 | 34 | 140 | 4 | 325 | 36 | 142 | 4 | 285 |
| 42 | 181 | 6 | 166 | 45 | 185 | 6 | 141 | 47 | 186 | 6 | 58 | 50 | 189 | 6 | 11 |
| 55 | 227 | 7 | 258 | 58 | 229 | 7 | 181 | 61 | 231 | 7 | 96 | 64 | 233 | 7 | 5 |
| 68 | 268 | 8 | 250 | 72 | 273 | 8 | 173 | 75 | 272 | 8 | 51 | 79 | 275 | 7 | 326 |
| 82 | 310 | 9 | 206 | 86 | 312 | 9 | 93 | 90 | 314 | 8 | 340 | 94 | 315 | 8 | 220 |
| 96 | 349 | 10 | 95 | 100 | 349 | 9 | 317 | 105 | 351 | 9 | 204 | 110 | 354 | 9 | 87 |
| 110 | 383 | 10 | 291 | 115 | 385 | 10 | 154 | 121 | 389 | 10 | 43 | 126 | 389 | 9 | 266 |
| 125 | 418 | 11 | 101 | 131 | 421 | 10 | 334 | 137 | 423 | 10 | 197 | 143 | 425 | 10 | 58 |
| 140 | 450 | 11 | 228 | 147 | 454 | 11 | 100 | 153 | 455 | 10 | 307 | 160 | 458 | 10 | 173 |
| 156 | 482 | 11 | 341 | 163 | 484 | 11 | 192 | 170 | 486 | 11 | 42 | 177 | 488 | 10 | 255 |
| 172 | 511 | 12 | 53 | 179 | 512 | 11 | 253 | 187 | 515 | 11 | 109 | 195 | 518 | 10 | 327 |
| 188 | 538 | 12 | 101 | 196 | 540 | 11 | 309 | 204 | 542 | 11 | 150 | 213 | 545 | 11 | 26 |
| 205 | 565 | 12 | 145 | 213 | 566 | 11 | 338 | 222 | 568 | 11 | 193 | 231 | 571 | 11 | 39 |
| 222 | 590 | 12 | 164 | 231 | 591 | 11 | 361 | 240 | 593 | 11 | 197 | 250 | 596 | 11 | 29 |
| 239 | 612 | 12 | 157 | 249 | 615 | 11 | 360 | 259 | 618 | 11 | 178 | 269 | 620 | 11 | 16 |
| 257 | 635 | 12 | 147 | 267 | 637 | 11 | 337 | 278 | 640 | 11 | 153 | 289 | 643 | 11 | 58 |
| 172 | 511 | 12 | 53 | 163 | 484 | 11 | 192 | 153 | 455 | 10 | 307 | 143 | 425 | 10 | 28 |
| 257 | 635 | 12 | 147 | 249 | 615 | 11 | 360 | 240 | 593 | 11 | 193 | 231 | 571 | 11 | 26 |
| 331 | 732 | 11 | 259 | 344 | 717 | 11 | 157 | 336 | 701 | 11 | 40 | 328 | 684 | 10 | 292 |
| Age 44 | | | | Age 45 | | | | Age 46 | | | | Age 47 | | | |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 | 42 | 1 | 172 | 10 | 40 | 1 | 132 | 11 | 42 | 1 | 140 | 12 | 44 | 1 | 143 |
| 23 | 91 | 3 | 36 | 25 | 95 | 3 | 38 | 26 | 95 | 2 | 355 | 28 | 98 | 2 | 341 |
| 38 | 144 | 4 | 236 | 40 | 146 | 4 | 181 | 42 | 147 | 4 | 121 | 44 | 148 | 4 | 59 |
| 52 | 189 | 5 | 280 | 55 | 192 | 5 | 219 | 58 | 194 | 5 | 154 | 61 | 196 | 5 | 86 |
| 67 | 234 | 6 | 275 | 71 | 238 | 6 | 211 | 74 | 238 | 6 | 113 | 78 | 241 | 6 | 45 |
| 83 | 278 | 7 | 233 | 87 | 280 | 7 | 137 | 91 | 281 | 7 | 40 | 95 | 283 | 6 | 308 |
| 99 | 318 | 8 | 128 | 104 | 322 | 8 | 33 | 108 | 321 | 7 | 274 | 113 | 323 | 7 | 175 |
| 115 | 355 | 8 | 333 | 121 | 360 | 8 | 237 | 126 | 361 | 8 | 113 | 131 | 361 | 7 | 354 |
| 132 | 392 | 9 | 148 | 138 | 395 | 9 | 27 | 144 | 397 | 8 | 269 | 150 | 398 | 8 | 144 |
| 149 | 426 | 9 | 283 | 156 | 430 | 9 | 163 | 162 | 430 | 9 | 20 | 169 | 433 | 8 | 260 |
| 167 | 460 | 10 | 36 | 174 | 462 | 9 | 262 | 181 | 464 | 9 | 122 | 189 | 467 | 8 | 362 |
| 185 | 491 | 10 | 122 | 192 | 492 | 9 | 331 | 200 | 494 | 9 | 194 | 209 | 498 | 9 | 71 |
| 203 | 520 | 10 | 178 | 211 | 521 | 10 | 26 | 220 | 525 | 9 | 256 | 229 | 528 | 9 | 118 |
| 222 | 548 | 10 | 226 | 231 | 551 | 10 | 77 | 240 | 553 | 9 | 292 | 249 | 554 | 9 | 142 |
| 241 | 575 | 10 | 249 | 250 | 576 | 10 | 67 | 260 | 579 | 9 | 305 | 270 | 582 | 9 | 159 |
| 260 | 599 | 10 | 248 | 270 | 601 | 10 | 91 | 280 | 603 | 9 | 299 | 291 | 607 | 9 | 157 |
| 280 | 623 | 10 | 243 | 290 | 625 | 10 | 76 | 301 | 628 | 9 | 289 | 312 | 630 | 9 | 138 |
| 300 | 646 | 10 | 220 | 310 | 646 | 10 | 44 | 322 | 651 | 9 | 264 | 333 | 652 | 9 | 105 |
| 132 | 392 | 9 | 148 | 121 | 360 | 8 | 237 | 108 | 321 | 7 | 274 | 95 | 283 | 6 | 308 |
| 222 | 548 | 10 | 226 | 211 | 521 | 10 | 26 | 200 | 494 | 9 | 194 | 189 | 467 | 8 | 362 |
| 319 | 665 | 10 | 168 | 310 | 646 | 10 | 44 | 301 | 628 | 9 | 289 | 291 | 607 | 9 | 157 |
| Age 48 | | | | Age 49 | | | | Age 50 | | | | Age 51 | | | |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13 | 46 | 1 | 140 | 14 | 47 | 1 | 133 | 15 | 49 | 1 | 122 | 15 | 47 | 1 | 80 |
| 29 | 97 | 2 | 285 | 31 | 100 | 2 | 262 | 33 | 102 | 2 | 236 | 34 | 101 | 2 | 183 |
| 46 | 148 | 3 | 360 | 49 | 152 | 3 | 327 | 51 | 152 | 3 | 265 | 53 | 152 | 3 | 206 |
| 64 | 198 | 5 | 19 | 67 | 199 | 4 | 317 | 70 | 201 | 4 | 251 | 73 | 201 | 4 | 184 |
| 81 | 241 | 5 | 314 | 85 | 243 | 5 | 244 | 89 | 246 | 5 | 172 | 92 | 245 | 5 | 76 |
| 100 | 286 | 6 | 234 | 104 | 287 | 6 | 134 | 108 | 287 | 6 | 33 | 113 | 290 | 5 | 314 |
| 118 | 325 | 7 | 73 | 123 | 327 | 6 | 334 | 128 | 328 | 6 | 227 | 134 | 331 | 6 | 136 |
| 137 | 364 | 7 | 248 | 143 | 366 | 7 | 140 | 149 | 368 | 7 | 29 | 155 | 370 | 6 | 282 |
| 156 | 400 | 8 | 16 | 163 | 403 | 7 | 271 | 170 | 406 | 7 | 159 | 176 | 406 | 7 | 32 |
| 176 | 435 | 8 | 133 | 183 | 437 | 8 | 5 | 191 | 440 | 7 | 260 | 198 | 441 | 7 | 134 |
| 196 | 467 | 8 | 220 | 204 | 470 | 8 | 94 | 212 | 472 | 7 | 333 | 220 | 474 | 7 | 273 |
| 217 | 500 | 8 | 295 | 225 | 501 | 8 | 156 | 234 | 504 | 8 | 31 | 243 | 507 | 7 | 309 |
| 238 | 530 | 8 | 345 | 247 | 532 | 8 | 208 | 256 | 534 | 8 | 71 | 265 | 536 | 7 | 318 |
| 259 | 558 | 9 | 6 | 268 | 559 | 8 | 224 | 278 | 562 | 8 | 89 | 288 | 564 | 7 | 300 |
| 280 | 584 | 9 | 12 | 290 | 586 | 8 | 233 | 300 | 588 | 8 | 88 | 310 | 589 | 7 | 318 |
| 301 | 608 | 9 | 0 | 312 | 611 | 8 | 225 | 322 | 612 | 8 | 71 | 333 | 615 | 7 | 295 |
| 323 | 633 | 8 | 350 | 334 | 635 | 8 | 202 | 345 | 637 | 8 | 52 | 356 | 639 | 7 | 271 |
| 344 | 654 | 8 | 312 | 356 | 657 | 8 | 168 | 367 | 658 | 8 | 11 | 379 | 661 | 7 | 239 |
| 81 | 241 | 5 | 314 | 67 | 199 | 4 | 317 | 51 | 152 | 3 | 265 | 34 | 101 | 2 | 183 |
| 176 | 435 | 8 | 133 | 163 | 403 | 7 | 271 | 149 | 368 | 7 | 29 | 134 | 331 | 6 | 136 |
| 280 | 584 | 9 | 12 | 268 | 559 | 8 | 224 | 256 | 534 | 8 | 71 | 243 | 507 | 7 | 273 |

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| Option 3 | | | | Option 3 | | | | | Option 3 | | | | Option 3 | | | |
|--------------|--------------|--------------------|------|--------------|--------------|--------------------|------|-------------|--------------|--------------|--------------------|------|--------------|--------------|--------------------|------|
| 1 | 2 | Extended Insurance | | 1 | 2 | Extended Insurance | | | 1 | 2 | Extended Insurance | | 1 | 2 | Extended Insurance | |
| Cash or Loan | Paid Up Life | Yrs. | Days | Cash or Loan | Paid Up Life | Yrs. | Days | | Cash or Loan | Paid Up Life | Yrs. | Days | Cash or Loan | Paid Up Life | Yrs. | Days |
| Age 52 | | | | Age 53 | | | | End of Year | Age 54 | | | | Age 55 | | | |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16 | 48 | 1 | 69 | 17 | 49 | 1 | 57 | 3 | 17 | 47 | 1 | 23 | 18 | 48 | 1 | 13 |
| 35 | 101 | 2 | 134 | 37 | 102 | 2 | 110 | 4 | 38 | 101 | 2 | 65 | 40 | 103 | 2 | 39 |
| 55 | 152 | 3 | 149 | 58 | 154 | 3 | 113 | 5 | 60 | 154 | 3 | 54 | 62 | 154 | 2 | 360 |
| 76 | 202 | 4 | 116 | 79 | 203 | 4 | 46 | 6 | 82 | 203 | 3 | 340 | 85 | 203 | 3 | 267 |
| 96 | 246 | 5 | 210 | 100 | 247 | 4 | 284 | 7 | 104 | 248 | 4 | 202 | 109 | 251 | 4 | 136 |
| 117 | 289 | 6 | 26 | 122 | 291 | 5 | 122 | 8 | 127 | 293 | 5 | 34 | 132 | 294 | 4 | 313 |
| 139 | 332 | 7 | 172 | 145 | 334 | 6 | 63 | 9 | 150 | 334 | 5 | 194 | 156 | 336 | 5 | 106 |
| 161 | 371 | 8 | 287 | 167 | 372 | 7 | 179 | 10 | 174 | 375 | 6 | 336 | 180 | 376 | 5 | 234 |
| 183 | 408 | 9 | 23 | 190 | 409 | 6 | 267 | 11 | 197 | 411 | 7 | 73 | 205 | 414 | 5 | 344 |
| 206 | 444 | 10 | 86 | 213 | 444 | 6 | 341 | 12 | 221 | 447 | 6 | 160 | 229 | 449 | 6 | 51 |
| 228 | 476 | 11 | 138 | 237 | 479 | 7 | 13 | 13 | 245 | 480 | 6 | 220 | 253 | 481 | 6 | 98 |
| 251 | 507 | 12 | 166 | 260 | 510 | 7 | 41 | 14 | 269 | 512 | 6 | 256 | 278 | 513 | 6 | 133 |
| 274 | 537 | 13 | 175 | 284 | 540 | 7 | 39 | 15 | 293 | 541 | 6 | 272 | 303 | 544 | 6 | 149 |
| 297 | 565 | 14 | 177 | 307 | 567 | 7 | 18 | 16 | 318 | 571 | 6 | 282 | 328 | 572 | 6 | 152 |
| 321 | 593 | 15 | 157 | 331 | 594 | 7 | 360 | 17 | 342 | 597 | 6 | 271 | 353 | 599 | 6 | 147 |
| 344 | 617 | 16 | 138 | 355 | 619 | 7 | 337 | 18 | 367 | 623 | 6 | 262 | 378 | 625 | 6 | 138 |
| 368 | 642 | 17 | 103 | 379 | 643 | 6 | 0 | 19 | 391 | 647 | 6 | 241 | 402 | 649 | 6 | 117 |
| 391 | 664 | 18 | 0 | 403 | 667 | 6 | 0 | 20 | 414 | 668 | 6 | 211 | 425 | 670 | 6 | 88 |
| 16 | 48 | 1 | 69 | 0 | 0 | 0 | 0 | Age 55 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 117 | 289 | 5 | 210 | 100 | 247 | 4 | 284 | 60 | 82 | 203 | 3 | 340 | 62 | 154 | 2 | 360 |
| 228 | 476 | 10 | 86 | 213 | 444 | 6 | 267 | 65 | 197 | 411 | 6 | 73 | 180 | 376 | 5 | 234 |
| Age 56 | | | | Age 57 | | | | End of Year | Age 58 | | | | Age 59 | | | |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19 | 49 | 1 | 2 | 19 | 47 | 0 | 337 | 3 | 20 | 48 | 0 | 325 | 21 | 49 | 0 | 311 |
| 42 | 104 | 2 | 11 | 43 | 103 | 1 | 330 | 4 | 45 | 104 | 1 | 299 | 47 | 105 | 1 | 267 |
| 65 | 155 | 3 | 315 | 68 | 157 | 2 | 269 | 5 | 70 | 156 | 2 | 209 | 73 | 158 | 2 | 165 |
| 89 | 205 | 4 | 56 | 92 | 205 | 3 | 139 | 6 | 96 | 207 | 3 | 84 | 99 | 207 | 3 | 19 |
| 113 | 252 | 5 | 230 | 117 | 252 | 4 | 344 | 7 | 122 | 255 | 3 | 283 | 126 | 255 | 3 | 214 |
| 137 | 295 | 6 | 20 | 143 | 298 | 5 | 162 | 8 | 148 | 299 | 4 | 84 | 153 | 300 | 4 | 8 |
| 162 | 338 | 7 | 145 | 168 | 340 | 6 | 46 | 9 | 174 | 341 | 4 | 219 | 180 | 342 | 4 | 136 |
| 187 | 378 | 8 | 241 | 193 | 378 | 7 | 136 | 10 | 200 | 380 | 4 | 39 | 207 | 382 | 4 | 231 |
| 212 | 416 | 9 | 308 | 219 | 417 | 8 | 199 | 11 | 227 | 419 | 5 | 89 | 234 | 420 | 4 | 299 |
| 237 | 451 | 10 | 350 | 245 | 453 | 9 | 239 | 12 | 253 | 454 | 5 | 129 | 262 | 457 | 4 | 352 |
| 262 | 484 | 11 | 17 | 271 | 486 | 10 | 263 | 13 | 280 | 489 | 5 | 154 | 289 | 491 | 5 | 19 |
| 288 | 517 | 12 | 25 | 297 | 518 | 11 | 275 | 14 | 307 | 521 | 5 | 165 | 316 | 523 | 5 | 42 |
| 313 | 546 | 13 | 33 | 323 | 548 | 12 | 280 | 15 | 333 | 551 | 5 | 171 | 343 | 553 | 5 | 59 |
| 339 | 576 | 14 | 26 | 349 | 577 | 13 | 275 | 16 | 359 | 579 | 5 | 167 | 369 | 581 | 5 | 66 |
| 364 | 602 | 15 | 9 | 374 | 603 | 14 | 268 | 17 | 384 | 605 | 5 | 161 | 394 | 607 | 5 | 63 |
| 388 | 626 | 16 | 356 | 399 | 629 | 15 | 252 | 18 | 409 | 630 | 5 | 143 | 418 | 630 | 5 | 49 |
| 412 | 649 | 17 | 337 | 423 | 651 | 16 | 226 | 19 | 433 | 653 | 5 | 114 | 443 | 654 | 5 | 34 |
| 436 | 671 | 18 | 0 | 446 | 672 | 17 | 0 | 20 | 456 | 673 | 5 | 0 | 466 | 674 | 5 | 0 |
| 42 | 104 | 2 | 11 | 19 | 47 | 0 | 337 | Age 55 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 162 | 338 | 7 | 20 | 143 | 298 | 6 | 162 | 60 | 122 | 255 | 3 | 283 | 99 | 207 | 3 | 19 |
| 65 | | | | 65 | | | | | | | | | | | | |
| Age 60 | | | | Age 61 | | | | End of Year | Age 62 | | | | Age 63 | | | |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21 | 47 | 0 | 283 | 23 | 50 | 0 | 283 | 3 | 26 | 55 | 0 | 291 | 29 | 59 | 0 | 297 |
| 48 | 104 | 1 | 224 | 50 | 105 | 1 | 195 | 4 | 54 | 110 | 1 | 189 | 58 | 114 | 1 | 181 |
| 75 | 157 | 2 | 112 | 79 | 160 | 2 | 83 | 5 | 83 | 163 | 2 | 54 | 88 | 168 | 2 | 34 |
| 103 | 208 | 3 | 334 | 107 | 210 | 2 | 286 | 6 | 113 | 215 | 2 | 256 | 119 | 220 | 2 | 223 |
| 130 | 255 | 4 | 146 | 135 | 257 | 3 | 89 | 7 | 142 | 262 | 3 | 47 | 149 | 268 | 3 | 0 |
| 158 | 301 | 5 | 298 | 164 | 303 | 3 | 231 | 8 | 172 | 309 | 3 | 177 | 180 | 314 | 3 | 119 |
| 186 | 344 | 6 | 51 | 193 | 346 | 3 | 338 | 9 | 201 | 351 | 3 | 268 | 210 | 357 | 3 | 205 |
| 214 | 384 | 7 | 140 | 222 | 387 | 4 | 55 | 10 | 231 | 392 | 3 | 343 | 240 | 397 | 3 | 271 |
| 242 | 422 | 8 | 204 | 251 | 426 | 4 | 117 | 11 | 260 | 430 | 4 | 32 | 269 | 434 | 3 | 320 |
| 270 | 459 | 9 | 250 | 279 | 462 | 4 | 158 | 12 | 289 | 466 | 4 | 77 | 298 | 470 | 3 | 360 |
| 298 | 493 | 10 | 284 | 307 | 495 | 4 | 191 | 13 | 317 | 500 | 4 | 110 | 326 | 502 | 4 | 26 |
| 325 | 524 | 11 | 305 | 334 | 526 | 4 | 212 | 14 | 344 | 530 | 4 | 131 | 354 | 534 | 4 | 52 |
| 352 | 555 | 12 | 321 | 361 | 556 | 4 | 229 | 15 | 371 | 559 | 4 | 146 | 380 | 561 | 4 | 59 |
| 378 | 582 | 13 | 328 | 387 | 583 | 4 | 235 | 16 | 397 | 586 | 4 | 149 | 407 | 589 | 4 | 62 |
| 403 | 607 | 14 | 324 | 412 | 608 | 4 | 229 | 17 | 423 | 612 | 4 | 144 | 433 | 614 | 4 | 51 |
| 428 | 632 | 15 | 315 | 437 | 632 | 4 | 216 | 18 | 448 | 636 | 4 | 126 | 459 | 639 | 4 | 33 |
| 452 | 654 | 16 | 293 | 462 | 655 | 4 | 196 | 19 | 473 | 659 | 4 | 102 | 484 | 662 | 4 | 6 |
| 476 | 675 | 17 | 266 | 487 | 678 | 4 | 171 | 20 | 498 | 681 | 4 | 75 | 508 | 683 | 3 | 344 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Age 65 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 75 | 157 | 2 | 112 | 50 | 105 | 1 | 195 | 65 | 26 | 55 | 0 | 291 | 0 | 0 | 0 | 0 |

Method of Calculation—The guaranteed values for Options 1 and 2 are based on the Commissioners 1980 Standard Ordinary Table of Mortality, male and female separately. It is assumed that deaths occur at the end of the policy year. The periods of extended term insurance provided by Option 3 are determined by using the Commissioners 1980 Extended Term Insurance Table. All values are calculated using a 6 percent interest rate. The guaranteed values for any year not shown will be provided upon request. The guaranteed values under this policy are not less than the minimums required by the Standard Nonforfeiture Law of the state in which the policy is delivered.

00013

Retirement Deposit Fund Rider

If this policy is in force on a premium paying basis we will allow you to establish a retirement deposit fund, which will permit deposits of not less than \$10.00 each to be placed with us for the purchase of an annuity as provided in the Retirement Annuity provision. All deposits will be retained by us in our general funds.

INTEREST—Annually on the policy anniversary date any amount then in the retirement deposit fund will be credited with interest compounded at the annual effective rate adopted by us for such deposits, but not less than 3-1/2 per cent. However, no interest will be credited to any amount which has been on deposit for less than one month.

RETIREMENT ANNUITY—Upon surrender of this policy on or after the 10th anniversary date, you may elect to apply all or part of the amount then in the retirement deposit fund toward the purchase of a lifetime annuity under Option 5 of the Settlement Privileges. You may also elect at such date to make a single payment to us for the purchase of an additional lifetime annuity under Option 5 of the Settlement Privileges. However, the total monthly income allowable under Option 5 through the application of the sum of the amount in the fund plus such single payment, if any, plus any existing net cash value, may not exceed \$20.00 for each \$1,000 of initial principal sum under this policy, excluding any riders. If the sum of such combined proceeds, including any single payment, exceeds that required to purchase this allowable maximum monthly income, then the excess will be paid to you in cash or, subject to our approval, may be applied toward the purchase of any annuity policy then being issued by us. Any amount of the retirement deposit fund, or of any single payment, not payable to you immediately in cash, or not applied toward the purchase of a new annuity policy, will be subject to a charge to cover premium taxes and expenses. Such charge will be equal to 5 per cent or the then effective premium tax rate in your state of residence, if higher.

DEFAULT OF PREMIUM—If any premium on this policy is not paid when due, we will charge the premium to the retirement deposit fund provided the fund is sufficient, notwithstanding any automatic premium loan provision. If the retirement deposit fund including accrued interest is not sufficient to pay at least a monthly premium on any date a premium is due, the entire fund will become payable to you in one sum, unless the difference between such premium and the amount in the fund is paid to us within the grace period provided by this policy.

TERMINATION—If this policy terminates by maturity or by reason of any nonforfeiture option becoming operative, automatically or otherwise, any amount then in the retirement deposit fund will become payable to you in one sum.

In the event of your death, any amount in the fund will become payable in one sum to your estate if you are the owner of this policy, otherwise to the owner. No beneficiary of this policy, however designated, will have any interest in or right of claim to any such amount.

WITHDRAWALS—The retirement deposit fund including accrued interest may, on any monthly policy date, be withdrawn by you upon our receipt of your written application. If withdrawal is requested subsequent to a monthly policy date, interest on the amount withdrawn will be credited only to that policy date, and the requested amount will be paid immediately. However, we may at our option defer the granting of any withdrawal for a period not to exceed 90 days after your application is received.


In all other respects the conditions, benefits and privileges of this policy will remain unchanged.

Attached to and made a part of this policy effective as of the date of issue of the policy.

FARMERS NEW WORLD LIFE INSURANCE COMPANY



J. Thomas Dillhoff
President



Robert W. Biggs
Secretary

00014

Application to Farmers New World Life Insurance Company

Application Number

☐ Pacific Coast Zone Office: 3003-77th Ave., S.E.
Mercer Island, WA 98040
(206) 232-8400

☒ Midwest Zone Office: P.O. Box 2529
Columbus, OH 43216
(614) 764-9975

☐ Southwest Zone Office: P.O. Box 149038
Austin, TX 78714-9038
(512) 244-4800

SA 0095129

322280

INDIVIDUAL ADULT LIFE APPLICATION - MAXIMUM AMOUNT \$50,000**APPLICANT (Ages 16-70)**

| | | | | | | |
|---|------------------------------|----------------------------------|-------------------------------------|---|--|--------------------------------------|
| Name - First, Middle Initial, Last NHUC VAN VU | | Sex M | Height 5-07 | Weight 142 | Social Security Number 394-59-1111 | Marital Status M |
| Age 12-01-31 | Birthdate 12-01-31 | State of Birth VN | Net Monthly Income \$1200 | Driver's License Number 003 07 1223 | State (OK) | How Long at Address 10 yrs |
| Duties or Nature of Work Machine Operator | | Employer Name LSB INC. | | Employer Location (City/State/Zip) 200 S. Penn Ave, OKC | | |
| Applicant's Mailing Address - Number, Street 2009 S. PENN AVE | | City OKLA. CITY | State OK | Zip Code (Required) 73108 | How Long at Address 10 yrs | |
| Residence Address if different from above - Number, Street | | City | State | Zip Code (Required) | How Long at Address | |

OWNER: (Required if Owner is other than Applicant)

| | | | |
|--|---------------------------|-------|------------------------|
| Name - First, Middle Initial, Last N/A | Relationship to Applicant | Sex | Social Security Number |
| Mailing Address - Number, Street | City | State | Zip Code (Required) |

POLICY SPECIFICATIONS

| | | | | | | |
|---|--------------------------|-------------------------|---|---|--|---|
| Basic Amount/Principal Sum 20,000 | Plan Name VPWL | Plan Code 100 | Planned Premium \$70.65 | Living Sum at Issue \$20,000 | Accidental Death Benefit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Guaranteed Insurability Benefit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Rider Amount N/A | Rider Name | Plan Code | Death Benefit Option <input type="checkbox"/> A - Increasing <input checked="" type="checkbox"/> B - Level | Waiver of Premium/Death Benefit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

DEPOSIT FUND

| | | | |
|----------------------------------|-----------------|-------------------------------|---|
| Initial Deposit \$ N/A | Regular Deposit | AUTOMATIC PREMIUM LOAN | APL <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|----------------------------------|-----------------|-------------------------------|---|

BILLING

| | | | | |
|---|---------------|---------------------------------------|-----------------------------------|--|
| Premium Payment Mode <input type="checkbox"/> Annual <input checked="" type="checkbox"/> BCP | Specify Other | Total Mode Premium \$ 70.65 | Cash Collected \$ 70.65 | If Multiple Billing, bill w/Policy No. Yes |
|---|---------------|---------------------------------------|-----------------------------------|--|

BENEFICIARY DESIGNATIONS

| Primary Beneficiary | Age | Relationship | Contingent Beneficiary | Age | Relationship |
|---------------------|-----|--------------|------------------------|-----------|--------------|
| THANG THI LE | | WIFE | LAI VAN LE | 17 | SON |
| | | | | | |
| | | | | | |

Include Future Children of Present Marriage as Equal Contingent Beneficiaries? ☐ YES ☒ NOInclude 15-Day Delay Clause ☒ YES ☐ NO**HEALTH STATEMENT (For any "Yes" answers, please circle applicable items.)**

- | | |
|---|---|
| <p>1. Within the past three years has the Applicant:</p> <p>a. been admitted or advised to be admitted to any hospital or health care facility (including convalescent hospitals, drug or alcohol rehabilitation programs) or undergone or been advised to undergo surgery for any cause? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>b. used barbiturates, heroin, cocaine, opiates, amphetamines, marijuana, hallucinogens or any other drug or narcotic, except as prescribed by a physician? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>2. Has the Applicant:</p> <p>received any medical care and/or treatment for mental disorders of any kind, heart disorder, heart attack, diabetes, stroke, cancer or tumor of any kind? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> | <p>3. Has the Applicant:</p> <p>a. received any medical care and/or treatment for any kind of blood disorder, cholesterol problem, high blood pressure or diabetes? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>b. received any medical care and/or treatment for epilepsy or for disease or disorder of the glands, liver, digestive system, skin joints, kidneys and urinary system, lungs or respiratory system, brain or nervous system? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>c. ever been diagnosed as having, or received or been advised to receive treatment for AIDS or AIDS Related Complex? (Oregon residents need only reveal whether or not AIDS or ARC has been diagnosed or treatment received.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>d. ever tested positive for Human Immunodeficiency Virus (HIV)? (Wisconsin residents need not respond. California residents need only reveal results of HIV tests taken for the purpose of obtaining insurance.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>4. Please give the name and address of your regular physician, date and reason for your last visit. (State none if no regular physician.)</p> |
|---|---|

IMPORTANT: IF THE ANSWER TO ANY OF THE QUESTIONS ABOVE IS "YES," NO PREMIUM IS TO BE COLLECTED WITH THIS APPLICATION.

LIST AND EXPLAIN ANY "YES" ANSWERS

| Question # | Nature and Severity of Condition Frequency of Attacks — Treatments Received | Dates of: | | Name and Address of Physician / Hospital |
|------------|--|-------------|-------------|---|
| | | Onset | Recovery | |
| | Regular check up | 3-90 | 3-90 | Thuong V. Nguyen, MD |
| | | | | 1908 NW 23rd OKC OK 73106 |
| | | | | (405) 524-8262 |

Application Number

SA 0095129

ADDITIONAL INFORMATION

(For any "yes" answers, please circle applicable items.)

- | | | | | | |
|--|-------------------------------------|-------------------------------------|--|-------------------------------------|-------------------------------------|
| 1. Has the Applicant: | YES | NO | | YES | NO |
| a. had any application for Life, Accident or Health Insurance, or reinstatement of any policy declined, postponed, cancelled, or issued on a modified basis? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b. flown in the past two years other than as a fare-paying passenger on a commercial airline, or does the Applicant contemplate doing so in the future? If yes, please submit Aviation Questionnaire. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c. smoked within the last two years? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| d. participated in recreational activities involving professional or amateur airborne sport, powered racing vehicles, mountain climbing, rodeos, skin or scuba diving, or does the Applicant contemplate doing so in the future? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e. applied for, or received, compensation for any accident, sickness or disability? | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f. had a driver's license suspended or revoked or been convicted of an alcohol offense, or been convicted of a crime? | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Is any insurance in force or pending on the life of the Applicant? If "Yes," give face amount and ADB amount below. | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Will the Applicant stop paying premiums, reduce face amount, or otherwise discontinue any existing life insurance or annuity if this policy is issued? | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

LIST AND EXPLAIN ANY "YES" ANSWERS

| Question # | Explanation |
|------------|---|
| 1-C | Applicant is a smoker 1/2 pack a day. |
| 2 | Life protection at employer approx: one yearly income |

APPLICANT'S ACKNOWLEDGEMENT & AUTHORIZATION

I authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, the Medical Information Bureau or other organization, institution or person, that has any records or knowledge of me or my health, to give to Farmers New World Life Insurance Company, or its reinsurers, any such information. A photographic copy of this authorization shall be as valid as the original. In Oregon, this authorization is valid for 30 months from date shown below.

I understand that application for a non-smoker policy requires that I have not smoked tobacco for at least two years immediately prior to the date of this Application.

I (we) agree that this Application will become a part of the contract issued by Farmers New World Life.

I declare to the best of my knowledge and belief that the statements and answers to the questions on this Application are true and complete.

TAXPAYER CERTIFICATION

Under penalty of perjury I, as policyowner certify that:

1. The number shown on this form is my correct taxpayer identification number (Social Security Number or Employer Identification Number), and
2. I am not subject to backup withholding either because I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding.

NOTE: Cross out item (2) above if you have been notified by the IRS that you are subject to backup withholding because of underreporting interest or dividends on your tax return. However, if after being notified by the IRS that you were subject to backup withholding you received another notification from the IRS that you are no longer subject to backup withholding, do not cross out item (2).

Upon completion of the Application, please attach check payable to Farmers New World Life. Do not make check payable to agent or leave payee blank.

TEMPORARY INSURANCE CONDITIONS

I understand, as Applicant, that I am eligible for temporary coverage if: 1. I am less than 70 years of age on the date this Application is signed and, 2. Questions 1, a, b, and 2 on page 1 of this Application are truthfully answered NO.

IMPORTANT: If these two conditions are not met, no agent of FNWL is authorized to accept money and no coverage is in effect.

I understand that temporary coverage for the amount applied for (excluding ADB) or \$50,000, whichever is less, will begin when I complete, sign and deliver this Application with at least 1/12th of the minimum first year's premium to the Agent. Temporary coverage ends when: 1. the life insurance policy applied for has been issued, or 2. I receive notice that this Application has been declined, and in no case later than 12:01 a.m. Pacific Standard Time of the fifth day after Farmers New World Life (FNWL) has mailed a letter giving such notice, or 3. FNWL receives my signed request to cancel; in which case the full amount paid with this Application will be refunded. No temporary benefits will be paid if: 1. the premium check and/or draft I submit is not honored by the bank upon first presentation or 2. I die by suicide, whether sane or insane; in which case FNWL's only liability will be to refund the premium submitted. If a Missouri resident, I understand that suicide is no defense to payment of temporary benefits, unless FNWL can show that I intended suicide at the time of application.

Signed at

OKla. city, OK

City, State

on

June 3, 1990

Month, Day, Year

☒ *[Signature]*
Signature of Applicant

☒ *[Signature]*
Signature of Owner (If other than Applicant)

☒ *[Signature]*
Signature of Owner's Spouse, where required in community property states when a person other than spouse is named primary beneficiary.

☒ *[Signature]*
Signature of Witness (Soliciting Agent)

00016 351
Agent's Code Number

FARMERS NEW WORLD LIFE INSURANCE COMPANY

Home Office/Pacific Coast Zone Office: 3003-77th Ave. S.E., Mercer Island, Washington 98040
 Midwest Zone Office: P.O. Box 2529, Columbus, Ohio 43216 • Southwest Zone Office: P.O. Box 149038, Austin, Texas 78714-9038

Answers to the Medical Examiner Forming Part of my Application (This examination should be made in private.)

| | | | | |
|--|---------------------------------------|--|-----------------------------------|--|
| 1. NAME (PLEASE PRINT) First <u>NUOC</u> Last <u>LY</u> | | AGENT <u>CAM HOANG LY</u> | | Policy Number <u>3227280</u> |
| PROPOSED INSURED'S MAILING ADDRESS <u>2009 S Penn</u> | | NUMBER <u>3</u> | STREET <u>OKLA</u> | CITY <u>OKLA</u> |
| DATE OF BIRTH Month <u>12</u> Day <u>01</u> Year <u>1908</u> | OCCUPATION <u>Machine operator</u> | EMPLOYED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No DISABLED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | AMOUNT OF INS. <u>\$20,000</u> | FULL NAME OF ATTENDING PHYSICIAN <u>THUONG NGUYEN</u> |
| COMPLETE ADDRESS OF ATTENDING PHYSICIAN <u>1908 NW 23 OKLA CITY, OK 73106</u> | | DATE AND REASON LAST CONSULTED <u>3/90 - flu</u> | | |

| | | | |
|---|--|---|--|
| 1. Have you ever consulted a physician or practitioner for, or, so far as you know, ever had or been treated for: If "Yes", circle disorder. | YES NO | 3. Have you ever: | YES NO |
| a. High blood pressure, heart disease, heart attack, angina pectoris, chest pain, shortness of breath, stroke, palpitation, irregular pulse, murmur, rheumatic fever or any other cardiovascular disorder? | <input type="checkbox"/> <input checked="" type="checkbox"/> | a. Been diagnosed or treated for blood disorder or anemia? | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| b. Epilepsy, convulsions, dizziness, loss of consciousness, severe headaches, tremor or incoordination or any disease or disorder of the brain or nervous system? | <input type="checkbox"/> <input checked="" type="checkbox"/> | b. Sought advice or been treated because of the use of alcohol? | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| c. Duodenal or gastric ulcer, nervous stomach, indigestion, colitis, diverticulitis, gall bladder disease, bleeding from the intestinal tract or any other disease or disorder of the stomach, liver, intestines or rectum? | <input type="checkbox"/> <input checked="" type="checkbox"/> | c. Been arrested or cited for intoxication or driving under the influence of alcohol or any controlled substance? | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| d. Diabetes, disease of the thyroid or any gland? | <input type="checkbox"/> <input checked="" type="checkbox"/> | d. Had or been advised to have any surgical operation? | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| e. Kidney stone or colic, syphilis, nephritis, or any disease or disorder of the prostate or any other genito-urinary organ or any abnormality of the urine? | <input type="checkbox"/> <input checked="" type="checkbox"/> | e. Applied for, or ever received benefits or a pension because of an accident, sickness or disability? | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| f. Cancer, cyst, tumor, goiter, or disease of skin, breast or lymph glands? Abnormal mammogram or prostate study? Any disorder of the pelvic organs? (If applicable.) | <input type="checkbox"/> <input checked="" type="checkbox"/> | f. Had an application for life, accident or disability insurance declined, postponed, or modified in any way? | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| g. Tuberculosis, persistent cough or hoarseness, bronchitis, blood spitting, asthma, hayfever or any other disease or disorder of the lungs or respiratory system? | <input type="checkbox"/> <input checked="" type="checkbox"/> | 4. Have you during the past 5 years: | |
| h. Any mental or emotional disorder? Any depression, anxiety or memory loss? Any suicidal tendencies or attempts? | <input type="checkbox"/> <input checked="" type="checkbox"/> | a. Sought advice or been treated for cholesterol or triglycerides? | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| i. Arthritis, gout, deformity or any disease, disorder, or injury to bones or joints including back or spine? | <input type="checkbox"/> <input checked="" type="checkbox"/> | b. Had an X-ray, electrocardiogram or any other diagnostic procedure ordered by a physician or practitioner? | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| j. Neuritis, muscular paralysis or weakness, amputation or any other impairment of the extremities? | <input type="checkbox"/> <input checked="" type="checkbox"/> | c. Been admitted to, or advised to be admitted to a hospital, sanitarium, treatment center or other similar institution? | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| k. Any disease or disorder of the eyes, ears, nose or throat? | <input type="checkbox"/> <input checked="" type="checkbox"/> | d. Consulted any physician or practitioner for any reason, including routine examination or checkup? | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| 2. Have you ever been diagnosed as having, or received treatment for AIDS or AIDS Related Complex? | <input type="checkbox"/> <input checked="" type="checkbox"/> | e. Had any illness, disease or injury not included in your other answers? | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| 8. Remarks. Give details to any "Yes" answer to the above questions. | | 5. Do you currently use or within the past three years have you used or been treated for the use of barbiturates, heroin, opiates, amphetamines, marijuana, cocaine, hallucinogens, or any other narcotic, except as prescribed by a physician? | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| | | 6. Are you now taking medication or have you been advised to take medication or treatment or have an examination or diagnostic test in the future? | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| | | 7. Indicate weight gained or lost in past year: Gained <u>5 lbs</u> Lost <u>1 lb</u> | |

| Quest. # | Date of Treatment | Nature and Severity of Condition-Frequency of Attacks, Treatments Received | Name and Address of Physician/Hospital |
|----------|-------------------|--|--|
| 40 | MAR 1990 | flu - comp. recovery | DR NGUYEN |

| | | | | |
|---|--------------------|--------|--------|------------------|
| 9. Have you ever used any form of tobacco? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Type: <u>cigarettes</u> Duration of use: <u>15 yrs</u> (Cigarettes, pipe, chewing tobacco, etc.) Number of years since you stopped: Reason for quitting: | 10. Family History | | LIVING | DECEASED |
| | | | Age | Health Status |
| | Father | | 72 | natural |
| | Mother | | 64 | fall from a tree |
| | Brothers #42 | 71, 64 | good | |
| | Sisters # | 32, 56 | good | |

hereby declare that I have read the foregoing and that my answers are correctly recorded, to the best of my knowledge and belief. I understand that Farmers New World Life Insurance Company does not assume responsibility for additional tests performed in conjunction with this examination, unless specifically requested by the Company.

Witness [Signature] Signature of Proposed Insured [Signature] Date 6-23-90
 MEDICAL EXAMINER/PHYSICIAN (MUST NOT BE SIGNED BY ANYONE OTHER THAN PROPOSED INSURED)

FARMERS NEW WORLD LIFE INSURANCE COMPANY

HOME OFFICE/PACIFIC COAST ZONE OFFICE: 3003 77th Ave., S.E., Mercer Island, Washington 98040

MIDWEST ZONE OFFICE: P.O. Box 2529, Columbus, Ohio 43216

SOUTHWEST ZONE OFFICE: P.O. Box 149038, Austin, Texas 78714-9038

PLEASE ATTACH TO YOUR POLICY

Dear Policyholder:

Farmers New World Life Insurance Company pioneered a new concept in life insurance coverage by allowing payment of death benefits to sustain life with hemodialysis treatment. The Company considered the advance of up to \$10,000 a year, not exceeding 50% of the available death benefit, to policyholders approved for treatment by qualified hemodialysis centers.

Keeping pace with advancements in the field of medicine, we are extending the benefit and will now consider advancing up to 50% of any life insurance policy you have in force with us (maximum payable: \$25,000), if it becomes necessary to have a transplant of the heart, liver or kidney to sustain your life.

We shall coordinate any payments made to you with health benefits that might be payable under a normal health insurance policy so you do not reduce your insurance program. Total benefits payable under all insurance programs cannot exceed the total cost to you of this life-sustaining help.

Should the need arise, write directly to us, so we may give consideration to your request.



Glen Vining
President
Farmers New World Life

MEMBER OF THE FARMERS INSURANCE GROUP OF COMPANIES



51-0783 8-88 1701



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| | | | |
|--|--|---|--|
|  | | No. 22118848 | |
| DEPARTMENT OF JUSTICE IMMIGRATION AND NATURALIZATION SERVICE | | U.S. DEPARTMENT OF JUSTICE IMMIGRATION AND NATURALIZATION SERVICE | |
| Personal description of holder as of date of naturalization: | | IAS Registration No. A21 469 540 | |
| Date of birth: December 01, 1931 | | I certify that the description given is true, and that the photograph affixed hereto is a likeness of me. | |
| Sex: Male | Height: 5 feet 07 inches | <i>NHUC VAN VU</i> <small>(Complete and true signature of holder)</small> | |
| Marital status: Single | Country of former nationality: Vietnam | Be it known that, pursuant to an application filed with the Attorney General at: Oklahoma City, Oklahoma | |
| The Attorney General having found that: | | *****NHUC VAN VU***** | |
|  | | then residing in the United States, intends to reside in the United States when so required by the Naturalization Laws of the United States, and had in all other respects complied with the applicable provisions of such naturalization laws and was entitled to be admitted to citizenship, such person having taken the oath of allegiance in a ceremony conducted by the United States District Court for the Western District of Oklahoma. | |
| at: Oklahoma City, Oklahoma | | on: SEP 29 1995 | |
| that such person is admitted as a citizen of the United States of America. | | <i>David Meisner</i> <small>Commissioner of Immigration and Naturalization</small> | |
| IT IS PUNISHABLE BY U. S. LAW TO COPY, PRINT OR PHOTOGRAPH THIS CERTIFICATE, WITHOUT LAWFUL AUTHORITY. | | 00029 | |

Day X 11-27-97



FARMERS NEW WORLD LIFE INSURANCE COMPANY

HOME OFFICE/PACIFIC COAST ZONE OFFICE:

3003 77th Avenue S.E. Mercer Island, WA 98040/(206) 232-8400

MIDWEST ZONE OFFICE: P.O. Box 2529, Columbus, OH 43216/(614) 764-9975

SOUTHWEST ZONE OFFICE: P.O. Box 149038, Austin, TX 78714-9038/(512) 244-4800

Member of Farmers Insurance Group of Companies

☐ Return to agent _____ for delivery
☒ Send directly to policy owner

The Farmers New World Life Insurance Company is hereby authorized and requested to make the following changes in their records. The original copy of this form will be acknowledged and returned for attachment to the policy.

Name •
Address •
City, State •
& Zip Code

NHUC VN
8804 S INDIANA
OKLA CITY OK 73159

Policy Number *03227280*

Name of Insured _____

☒ New Address of

☐ Insured
☒ Beneficiary

CHANGE IN NAME OF INSURED (Please print or type)

RECEIVED

From: _____ To: _____

Old Name Signature _____

New Name Signature _____

SEP 12 2000

☐ Marriage☐ Court Order☐ Adoption☐ Correction

CHANGE IN BENEFICIARY

The beneficiary designation under this policy shall be changed as hereinafter provided. If more than one name to a class, proceeds will be payable share and share ~~like~~ survivors or survivor, unless otherwise stated. (Must be percentage or fraction if split. All living children you wish to designate as beneficiary must be listed by name.)

| CLASS | NAME | ADDRESS | RELATIONSHIP TO INS'D* | DATE OF BIRTH |
|------------------------|----------------------|---------------------------|------------------------|----------------|
| Primary Beneficiary | <i>KIM NGOC TRAN</i> | <i>8804 S INDIANA</i> | <i>SISTER</i> | <i>2-25-50</i> |
| | | <i>OKLA CITY OK 73159</i> | | |
| | | | | |
| Contingent Beneficiary | | | | |
| | | | | |
| | | | | |

RECEIVED

SEP 12 2000

MAIL

Final Beneficiary The Executors or Administrators of the last to die among the Insured or the Primary or Contingent Beneficiaries.

Complete the following:

☐ DO ☐ DO NOT include "other children" as ☐ Primary Beneficiary ☐ Contingent Beneficiary (check one) to share and share alike survivors or survivor with any other beneficiaries of the respective designated class, whether Primary or Contingent. (See reverse side for definition of "other children.")
☐ DO ☐ I DO NOT request that if any beneficiary named above dies before 15 or _____ days following the insured's death (exclusive of the date of death), payment shall be made in the same manner as if the beneficiary predeceased the insured.

* IF RELATIONSHIP TO INSURED IS "TRUSTEE," COMPLETE THE FOLLOWING:

☐ Trust is created by Insured's Last Will and Testament and Paragraph 1 on reverse side applies.
☐ Trust has already been created with:

NAME OF TRUSTEE(S) _____ STREET ADDRESS _____ CITY & STATE _____ as trustee(s).

Under written agreement dated _____ MONTH _____ DAY _____ YEAR _____ and Paragraph 2 on reverse side applies.

This change of beneficiary shall take effect only when registered by the Company, but when so registered, whether the Insured be then living or not, shall relate back to and take effect as of the date of this designation.

Signed at *OKLA CITY OK* this *6TH* day of *SEP* 19____.

X

POLICYOWNER'S SPOUSE (If policy is community property)

POLICYOWNER

Registration and acknowledgement of receipt:

HOME OFFICE USE ONLY

Date *9-14-00*

00030

Signed *[Signature]*

REGISTRAR

SUBMIT IN DUPLICATE — SIGN EACH COPY IN INK — DO NOT SEND POLICY

GENERAL CONDITIONS

If no designated Beneficiary survives the Insured, then the policy proceeds shall be payable to the estate of the Policyowner, unless otherwise provided in the policy.

DEFINITION OF OTHER CHILDREN — The words "other children" as used herein shall mean issue of the present marriage of the Primary Beneficiary and the Insured only, born prior to the expiration of 10-months from the date of the Insured's death, and shall not include the issue of any such children.

DEFINITION OF POWER OF APPOINTMENT — If elected, the Primary Beneficiary, after the death of the Insured, shall have the sole and exclusive power to designate his or her estate or any person as beneficiary to receive any proceeds of the policy remaining payable after his or her death to the exclusion of any previously designated Contingent Beneficiary, provided the Primary Beneficiary exercises such power during his or her lifetime by an instrument in writing submitted to the Company. (This is often used in Non-Community Property states in the interest of qualifying for marital deduction.)

DETERMINATION OF BENEFICIARY — The Company may rely upon the affidavit of any named beneficiary or any responsible persons in determining the beneficiary entitled to payment. Any payment made by the Company in good faith based on such affidavit will discharge the Company of all obligation.

SPENDTHRIFT CLAUSE — No beneficiary shall have the right to assign, withdraw, encumber or commute any of the proceeds unless provided otherwise. The proceeds shall not be subject to the claims of any creditors of any beneficiary.

ANNUITIES — In case of an Annuity Contract the term "Insured" shall refer to the annuitant and the term "Policy" shall refer to the Annuity Contract.

MINOR BENEFICIARIES — Unless otherwise provided by statute, any payment to a minor beneficiary will be made only to a court-appointed guardian of the beneficiary's estate, and any right, option or privilege given the minor may be exercised only by such guardian.

TRUSTEE DESIGNATIONS

The Company is not required to determine the qualifications of a beneficiary named as Trustee nor to verify the continued existence of any trust agreement. Payment to a Trustee will discharge the Company of all obligations.

1. Payment shall be made in one sum to the Trustee(s) named in the Last Will and Testament of the Insured, or to the successors in trust, but in the event of the failure of the Trustee to be appointed or to qualify as such, within 12 months, by reason of non-probate of any Will to that effect, or for any reason whatsoever, payment of proceeds of said policy shall be made in one sum to the Contingent Beneficiary, if living; otherwise, to the estate of the Policyowner.

2. Payment shall be made in one sum to the designated Trustee, or to the successors in trust, under said trust agreement and supplements and amendments thereto, if said agreement shall be in force at the death of the Insured; and, if not, to the Contingent Beneficiary, if living; otherwise, to the estate of the Policyowner.

00031



HOME OFFICE / MERCER ISLAND LIFE OFFICE

3003 77th Avenue S.E., Mercer Island, Washington 98040-2890 / Call: (206) 232-8400 / FAX: (206) 236-6842

COLUMBUS LIFE OFFICE

P.O. Box 2529, Columbus, Ohio 43216-2529 / Call: (614) 764-8975 / FAX: (614) 768-7519

September 14, 2000

NHUC V VU
8804 S INDIANIA
OKLAHOMA CITY OK 73159

~~INSURED:~~ ~~NHUC V VU~~
~~POLICY NO:~~ 003227280

Dear Nhuc:

We have completed your request to change beneficiary. Please attach the enclosed form(s) to your policy contract.

We look forward to continuing to serve your insurance needs as a valued policyholder. If you have any questions, please contact your Farmers agent or the appropriate office listed above.

Sincerely,

Customer Service
Policy Changes Department
Columbus Life Office

:db

Encl.
cc: 08-35-038

00032

Member of Farmers Insurance Group of Companies®



PASSPORT
PASSEPORT
PASSPORTE

[illegible]

P

USA

439282197

Sui name / Nom / Apellidos

VU

Given Names / Prénoms / Nombres

NHUC VAN

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento

01 Dec 1931

Place of birth / Lieu de naissance / Lugar de nacimiento

VIETNAM

Date of issue / Date de délivrance / Fecha de expedición

13 Mar 2008

Date of expiration / Date d'expiration / Fecha de caducidad

12 Mar 2018

Endorsements / Mentions Spéciales / Anotaciones

SEE PAGE 27

Sex / Sexe / Sexo

M

Authority / Autorite / Autoridad

United States

Department of State

USA

[illegible]

4392821977USA3112010M1803127227670777<661082

00036

**PASSPORT
PASSEPORT
PASAPORTE**

UNITED STATES OF AMERICA

| Type / Type / Tipo | Code / Code / Código | Passport No. / No. du Passeport / No. d. Passaporto |
|--------------------|----------------------|---|
| P | USA | 450442850 |

Surname / Nom / Apellidos

TRAN
Given Names / Prénoms / Nombres

KIM NGOC

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento

25 Feb 1950

Place of birth / Lieu de naissance / Lugar de nacimiento

VIETNAM

Date of issue / Date de délivrance / Fecha de expedición

08 Dec 2008

Date of expiration / Date d'expiration / Fecha de caducidad

07 Dec 2018

Endorsements / Mentions Spéciales / Anotaciones

SEE PAGE 27

Sex / Sexe / Sexo

五

Authority / Autorité / Autoridad

United States

Department of State

[illegible]

4504428506USA5002250F1812073231262195<260414



FARMERS
LIFE INSURANCE

October 24, 2013

Farmers New World Life Insurance Company

PO Box 248831, Oklahoma City, OK 73124-8831

Annuity Services: (206) 236-7988 Fax: (877) 514-7138

Claims Dept. Fax: (866) 659-3320

Columbus Life Office: Phone: (614) 764-9975 Fax: (866) 480-5503

Mercer Island Life Office: Phone: (206) 232-8400 Fax: (866) 480-5499

KIM TRAN
8804 S INDIANA AVE
OKLAHOMA CITY, OK 71359

INSURED: NHUC VU, DECEASED
POLICY NO: 003227280

Dear Ms. Tran:

Please accept our condolences on the death of your brother.

When we wrote to you previously we had not yet reviewed our records for this policy. We have now reviewed our records and we are writing to confirm that you are the beneficiary on this policy.

In order to process your claim as quickly as possible and since Mr. Vu's death occurred in a foreign country, we will need the following documents:

- Claimant's Statement for Insurance Proceeds form completed and signed by the beneficiary
- Authorization to Obtain Information signed by the next of kin
- The official Death Certificate issued in the country where the death occurred
- Foreign Death Questionnaire must be completed and should include all pertinent claim information
- A completed Report of the Death of an American Citizen Abroad, if applicable
- Form W-8BEN completed if the beneficiary has not been issued a Social Security No.
- The original policy

Submit the **original signed documents** only. We cannot accept photocopies or faxed copies. A certified Death Certificate is one that has been certified by the local Bureau of Vital Statistics or other responsible agency, and bears a raised or colored seal. Please do not have the documents translated as we use a certified translation service. Once we have reviewed the documents, we will contact you promptly if anything further is required.

It is our routine procedure to have our representative verify the information provided directly from the sources in Vietnam once all claim requirements have been received. Because our evaluation is dependent upon responses from parties in another country, the process of concluding our handling can take time. We will do everything we can to obtain timely responses so that the claim can be finalized as quickly as possible.

00061

INSURED: NHUC VU, DECEASED
POLICY NO: 003227280

If you have any questions, you may call or e-mail us using the contact information below.

Sincerely,



Reed Baker
Life Claims Department
Farmers New World Life Insurance Company
(206) 275-8133
life.claims@farmersinsurance.com

C: 08-35-38
HARRY HALE
7840 S PENNSYLVANIA
OKLAHOMA CITY, OK 73159

00062

CỘNG HÒA XÃ HỘI CHỦ NGHĨA VIỆT NAM
Độc lập - Tự do - Hạnh phúc

Số: 142/2013

Quyển số: 01

GIẤY CHỨNG TỬ
(BẢN SAO)

Họ và tên: **VŨ VĂN NHÚC** Giới tính: **Nam**

Ngày, tháng, năm sinh: **01/ 12/ 1931**

Dân tộc: **Kinh** Quốc tịch: **Việt Nam**

Nơi thường trú/tạm trú cuối cùng: **khóm Vĩnh Tây 2, phường Núi Sam,
thành phố Châu Đốc, tỉnh An Giang.**

Số Giấy CMND/Hộ chiếu/Giấy tờ hợp lệ thay thế:

Đã chết vào lúc: **06 giờ 55 phút, ngày 19 tháng 10 năm 2013**

Nơi chết: **357/25 Tân Hòa Đông, phường Bình Trị Đông, quận Bình Tân,
thành phố Hồ Chí Minh.**

Nguyên nhân chết: **Bệnh.**

Giấy báo tử/Giấy tờ thay thế Giấy báo tử do: Ông Phạm Hạnh Thủy, Phó Chủ tịch
phường Bình Trị Đông, quận Bình Tân, thành phố Hồ Chí Minh. Cấp ngày 21
tháng 10 năm 2013

Nơi đăng ký: **Ủy ban nhân dân phường Núi Sam.**

Ngày, tháng, năm đăng ký: **29/ 10/ 2013**

Ghi chú:

NGƯỜI THỰC HIỆN
(Đã ký)

Lê Minh Tâm

NGƯỜI KÝ GIẤY CHỨNG TỬ
PHÓ CHỦ TỊCH
(Đã ký)

Nguyễn Văn Hùng

Sao từ Sổ đăng ký khai tử
Ngày 25 tháng 12 năm 2014

NGƯỜI KÝ BẢN SAO GIẤY CHỨNG TỬ

(Ký, ghi rõ họ tên, chức vụ và đóng dấu)

PHÓ CHỦ TỊCH

00065



Lê Hoàng Phương

(TT số: 08.a/2010/TT-BTP)

Mẫu TP/HT-2010-KT.1.a



FARMERS

Barry Hale, Agent.
Hale Insurance Agency
7840 S Pennsylvania
Oklahoma City, OK 73159
(405) 682-5200
bhale@farmersagent.com

December 31st 2013

US Embassy Ho Chi Mien City
Vietnam

Our client, Nhuc Vu, passed away while living in Vietnam on October 19th, 2013. He had a life insurance policy with Farmers New World Life, policy number 003227280. In order for us to process the death claim, we are in need of an original death certificate, which, we understand, you will be able to provide.

A death certificate is also needed by his power of attorney in Oklahoma City, OK to present to the local Social Security Office in order to stop retirement benefits. Mr. Vu's social security number is [REDACTED] and his date of birth is 12/01/1931.

Please do not hesitate to contact our office if further information is needed.

Thank you for your assistance in this matter.

Regards,

A handwritten signature in black ink, appearing to read "Barry Hale", written over a horizontal line.

Barry Hale, Agent
Farmers Insurance
Hale Agency

Farmers Insurance Exchange

Mid Century Insurance Company

00066

Truck Insurance Exchange

Farmers New World Life Insurance Company

Fire Insurance Exchange

Farmers Group, Inc.



FARMERS
LIFE INSURANCE

December 23, 2013

Farmers New World Life Insurance Company

PO Box 248831, Oklahoma City, OK 73124-8831

Annuity Services: (206) 236-7988 Fax: (877) 514-7138

Claims Dept. Fax: (866) 659-3320

Columbus Life Office: Phone: (614) 764-9975 Fax: (866) 480-5503

Mercer Island Life Office: Phone: (206) 232-8400 Fax: (866) 480-5499

KIM TRAN
8804 S INDIANA AVE
OKLAHOMA CITY, OK 71359

INSURED: NHUC VU, DECEASED
POLICY NO: 003227280

Dear Ms. Tran:

On December 9, 2013 we sent to you a letter informing you of additional documents that are required before we are able to review your claim. We have not yet received those required documents.

Please provide us with the following documents:

- The official original Death Certificate issued in the country where the death occurred
- A completed Report of the Death of an American Citizen Abroad, if applicable

Submit the **original signed documents** only. We cannot accept photocopies or faxed copies. A certified Death Certificate is one that has been certified by the local Bureau of Vital Statistics or other responsible agency, and bears a raised or colored seal. Please do not have the documents translated as we use a certified translation service. Once we have reviewed the documents, we will contact you promptly if anything further is required.

It is our routine procedure to have our representative verify the information provided directly from the sources in Vietnam once all claim requirements have been received. Because our evaluation is dependent upon responses from parties in another country, the process of concluding our handling can take time. We will do everything we can to obtain timely responses so that the claim can be finalized as quickly as possible.

If you have any questions, you may call or e-mail us using the contact information below.

Sincerely,

Reed Baker

Life Claims Department

Farmers New World Life Insurance Company

(206) 275-8133

life.claims@farmersinsurance.com

C: 08-35-38

BARRY HALE

7840 S PENNSYLVANIA

OKLAHOMA CITY, OK 73159

00069

I NEED A DEATH CERTIFICATE
TO CONCLUDE HIS BUSINESS
AFFAIRS

00070


FARMERS
LIFE INSURANCE

Claim - Fraud Warnings and Other Notices

Please review the warning and/or notice applicable to your state, if any.

Alabama, Arkansas, Louisiana, Rhode Island and West Virginia – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Alaska – A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona – For your protection, Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California – For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Delaware – Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information, is guilty of a felony.

District of Columbia – “WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.”

Florida – Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

Idaho – Any person who knowingly and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

Illinois – If this claim is not paid within 31 days from the date our company receives due proof of loss, interest will be included in the total amount payable at the rate of 10% on the total amount payable or the face amount, if payments are to be made in installments, from the date of death to the date of payment of claim.

(Public Act 96-1513, the “Civil Union Law”) Farmers New World Life Insurance Company recognizes civil unions entered into in accordance with Illinois law. Parties to a civil union are treated identically to spouses of a marriage.

Indiana – A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kentucky – Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Maine – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland – “Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”

Minnesota – A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire – Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

Farmers New World Life Insurance Company

Mercer Island Life Office: 3003 77th Ave. S.E., Mercer Island, WA 98040-2890 (206) 232-8400
Life Claims Department: (206) 236-6616* / Fax: (866) 659-3320 (*Collect calls accepted)

000071
(Continued on next page)



FARMERS
LIFE INSURANCE

January 13, 2014

Farmers New World Life Insurance Company

PO Box 248831, Oklahoma City, OK 73124-8831

Annuity Services: (206) 236-7988 Fax: (877) 514-7138

Claims Dept. Fax: (866) 659-3320

Columbus Life Office: Phone: (614) 764-9975 Fax: (866) 480-5503

Mercer Island Life Office: Phone: (206) 232-8400 Fax: (866) 480-5499

KIM TRAN
8804 S INDIANA AVE
OKLAHOMA CITY, OK 71359

INSURED: NHUC VU, DECEASED
POLICY NO: 003227280

Dear Ms. Tran:

On December 23, 2013 we sent to you a letter informing you of additional documents that are required before we are able to review your claim. We have not yet received those required documents.

Please provide us with the following documents:

- The official original Death Certificate issued in the country where the death occurred
- A completed Report of the Death of an American Citizen Abroad, if applicable

Submit the **original signed documents** only. We cannot accept photocopies or faxed copies. A certified Death Certificate is one that has been certified by the local Bureau of Vital Statistics or other responsible agency, and bears a raised or colored seal. Please do not have the documents translated as we use a certified translation service. Once we have reviewed the documents, we will contact you promptly if anything further is required.

It is our routine procedure to have our representative verify the information provided directly from the sources in Vietnam once all claim requirements have been received. Because our evaluation is dependent upon responses from parties in another country, the process of concluding our handling can take time. We will do everything we can to obtain timely responses so that the claim can be finalized as quickly as possible.

If you have any questions, you may call or e-mail us using the contact information below.

Sincerely,

Reed Baker
Life Claims Department
Farmers New World Life Insurance Company
(206) 275-8133
life.claims@farmersinsurance.com

C: 08-35-38

BARRY HALE
7840 S PENNSYLVANIA
OKLAHOMA CITY, OK 73159

00075



FARMERS
LIFE INSURANCE

February 3, 2014

Farmers New World Life Insurance Company

PO Box 248831, Oklahoma City, OK 73124-8831

Annuity Services: (206) 236-7988 Fax: (877) 514-7138

Claims Dept. Fax: (866) 659-3320

Columbus Life Office: Phone: (614) 764-9975 Fax: (866) 480-5503

Mercer Island Life Office: Phone: (206) 232-8400 Fax: (866) 480-5499

KIM TRAN
8804 S INDIANA AVE
OKLAHOMA CITY, OK 73159

INSURED: NHUC VU, DECEASED
POLICY NO: 003227280

Dear Ms. Tran:

On January 13, 2014 we sent to you a letter informing you of additional documents that are required before we are able to review your claim. We have not yet received those required documents.

Please provide us with the following documents:

- The official original Death Certificate issued in the country where the death occurred
- A completed Report of the Death of an American Citizen Abroad, if applicable

Submit the **original signed documents** only. We cannot accept photocopies or faxed copies. A certified Death Certificate is one that has been certified by the local Bureau of Vital Statistics or other responsible agency, and bears a raised or colored seal. Please do not have the documents translated as we use a certified translation service. Once we have reviewed the documents, we will contact you promptly if anything further is required.

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If you have any questions, you may call or e-mail us using the contact information below.

Sincerely,

Reed Baker
Life Claims Department
Farmers New World Life Insurance Company
(206) 275-8133
life.claims@farmersinsurance.com

C: 08-35-38

BARRY HALE
7840 S PENNSYLVANIA
OKLAHOMA CITY, OK 73159

00076



Social Security Administration

Dallas Region

200 NE 27th
Moore, OK 73160-4104

1-866-964-4260

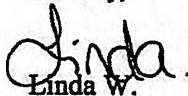
November 17, 2014

Kim Ngoc Tran
8804 S Indiana Ave
Oklahoma City, OK 73159

Dear Mrs. Tran,

We spoke with you today about the death of Mr. Nhuc Vu. We have input the death of your brother into our records and the benefits have been stopped.

Sincerely,


Linda W.

Social Security Administration
Service Representative
Moore, OK 73160

SOCIAL SECURITY OFFICE
200 N.E. 27TH
MOORE, OK 73160-4104

00081

Important Notice

Your cancelled check will show that payment was received. No check, draft or money order which is invalid or dishonored shall constitute payment.

Depending on the type of policy, failure to pay all premiums billed may jeopardize continuation of coverage. Please refer to the policy provisions regarding premium payments, lapse and grace period. If you have any questions, please contact your agent or our office (shown on the front of this notice). Any lapse or termination prior to the due date will not be affected or waived by the sending of this notice or by the payment of the amount shown on the reverse side.

Loan Balance

At least annually, we will notify you of any Loan Balance on the policy. Payments to reduce the Loan Balance may be made at any time. The payment may be included with the regular premium remittance. Depending on the type of policy, loan interest is due at the beginning OR at the end of each policy year. The Loan Balance stated does not reflect the current interest billed for a policy with interest due at the end of the policy year. Please refer to your policy provisions regarding loan value, interest and repayment.

Deposit Fund / Accumulation Account Balances

If the policy includes Deposit Fund and/or Accumulation Account features, we will notify you, at least annually, of any balance(s). Additional payments may be made in accordance with our established company guidelines.

If you are paying other than the Total Due, please indicate the reason below:

- ☐ _____ month(s) premium.
☐ \$ _____ to the Deposit Fund, if applicable.
☐ \$ _____ to the policy Loan Balance.
☐ \$ to the Accumulation Account.
☐ Paying on other policies listed below.

InsuredPolicy NumberAmount

Farmers New World Life
 PO Box 894728
 Los Angeles, CA 90189-4728

00085

26 0534 1-14 2 of 2

FOR ADDRESS CHANGE OR CORRECTION ONLY

- ☐ Permanent change (moved) ☐ Mailing address Change or Correction (haven't moved)

Effective Date: _____

This address
 Change will
 Be made only
 On those
 Policies listed

Please Print
 Your correct

Address

City

State

Zip

ADDRESS

Phone No. (Optional)

FORMER
 ADDRESS

Address

City

State

Zip

UNITED 

INTL

TRAN/KIINGOC

Oklahoma City to San Francisco

UA6241

GATE

BOARDING BEGINS

SEAT

OKC-SFO 11

17D

TUE 28 APR 2015

Gate May Change

Boarding Ends: 6:55 AM

7:05 AM

7:20 AM

Window

Economy

9:02 AM

Flight Arrives:

Flight Arrives:

000094

Operated by Skywest Airlines dba United Express

Confirmation: ML5SEL

eTicket 01675378342126

70373W

INTL

TRAN/KINGOC

SAN FRANCISCO TO HONG KONG

UA869

GATE

SFO-HKG 99

TUE APRIL 28 2015

GATE MAY CHANGE

BOARD TIME

12:30P

SEAT

51G

aisle

ECONOMY

DEPARTS: 1:10 PM

ARRIVES: 6:40 PM

00096

CONFIRMATION: ML55EL

TICKET: 0167537834232

Do not expose to excessive heat or direct sunlight.
STAPLE HERE
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INSERT
↓

UNITED 

INTL

TRAN/KIMNGOC

506 L4 + BUS

Hong Kong to Ho Chi Minh

UA 117

GATE

BOARDING BEGINS

SEAT

HKG-SGN

NOT YET

ASSIGNED

WED 29 APR 2015

10:30 PM

15D

Boarding Ends: 10:50 PM

Flight Departs: 11:05 PM

Arrives: 12:45 AM

Aisle Economy

00098

Confirmation: ML55EL

Ticket 01675378342326

UNITED TSA PRE

TRAN/KIMNGOC

SAN FRANCISCO TO OKLAHOMA CITY

UA5585

GATE

SFO-OKC 77A

BOARD TIME

10:15A

SEAT

8C

TUE JUNE 2 2015

GATE MAY CHANGE

DEPARTS: 10:40 AM

AISSLE

ECONOMY

ARRIVES: 4:01 PM

00100

OPERATED BY-SKYWEST DBA UNITED EXPRESS

CONFIRMATION: **ML55EL**

TICKET: 0167537834233

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It's all yours with the United MileagePlus® Explorer Card.

- **Free checked bag!**

You and one companion can each check your first standard bag for free on United-operated flights when you purchase your tickets with your MileagePlus Explorer Card.

- **Priority boarding privileges**

You'll be invited to board United-operated flights before general boarding.

- **Two one-time use United Club™ passes**

Each year, you'll get two one-time use passes you can use to relax when traveling.

- **Double miles on United tickets**

Earn 2 miles per \$1 spent on tickets purchased from United and 1 mile per \$1 spent on everything else.

- **Use miles to book any seat, any time**

If seats are available for sale on any United-operated flight, you can use miles to book an award ticket at the MileagePlus Standard Award level.

For additional details and to apply, please visit UnitedExplorerCard.com.

1 FREE CHECKED BAG! Free bag is for first checked bag for the primary cardmember only. One companion can also check a bag for free. Some reservation service charges for additional bags may apply. Purchase of tickets with your MileagePlus Explorer Card is required. See www.united.com for details.

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UNITED CLUB™ PASSES: Two one-time use passes are issued by Chase Bank USA, N.A. Offer subject to change. See www.united.com for pricing and rewards details.

UNITED MILEAGEPLUS: Miles earned, awards, and benefits issued are subject to the rules of the United MileagePlus program. For details, see www.united.com.

CSMB57



2/14

UNITED  **TSA PRE** **INTL**

TRAN/KIMNGOC

HONG KONG TO SAN FRANCISCO

UA862

GATE

BOARD TIME

SEAT

10:50A 60J

DEPARTS: 11:30 AM

MIDDLE

ARRIVES: 8:50 AM

ECONOMY

00102

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STAPLE

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CONFIRMATION: ML55EL

TICKET: 0167537834233

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You and one companion can each check your first standard bag for free on United-operated flights when you purchase your tickets with your MileagePlus Explorer Card.

- **Priority boarding privileges**

You'll be invited to board United-operated flights before general boarding.

- **Two one-time use United ClubSM passes**

Each year, you'll get two one-time use passes you can use to relax when traveling.

- **Double miles on United tickets**

Earn 2 miles per \$1 spent on tickets purchased from United and 1 mile per \$1 spent on everything else.

- **Use miles to book any seat, any time**

If seats are available for sale on any United-operated flight, you can use miles to book an award ticket at the MileagePlus Standard Award level.

For additional details and to apply, please visit UnitedExplorerCard.com.

1 FREE CHECKED BAG: Free bag is for first checked bag for the primary cardholder and one companion on United-operated flights. Additional/oversized/overweight bags may apply. Purchase of tickets with Card is required. See United.com for details. Accounts subject to credit approval. Restrictions and limitations apply. United MileagePlus credit cards are issued by Chase Bank USA, N.A. Offer subject to change. See www.UnitedExplorerCard.com for pricing and rewards details.

United MileagePlus Miles accrued, awards, and benefits issued are subject to the rules of the United MileagePlus program. For details, see www.united.com.

CUM957



2/14



TSA PRE

INTL

TRAN/KIMNGOC

HO CHI MINH CITY TO HONG KONG

UA116

SGN-HKG 15

TUE JUNE 2 2015

GATE MAY CHANGE

GATE

BOARD TIME

4:55A

DEPARTS: 5:30 AM

ARRIVES: 9:10 AM

SEAT

12C

AISLE

ECONOMY

CONFIRMATION: ML55EL

TICKET: 016 7537834232

00104

Do not expose to excessive heat or direct sunlight.

STAPLE

HERE

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- **Free checked bag¹**

You and one companion can each check your first standard bag for free on United-operated flights when you purchase your tickets with your MileagePlus Explorer Card.

- **Priority boarding privileges**

You'll be invited to board United-operated flights before general boarding.

- **Two one-time use United Club[®] passes**

Each year, you'll get two one-time use passes you can use to relax when traveling.

- **Double miles on United tickets**

Earn 2 miles per \$1 spent on tickets purchased from United and 1 mile per \$1 spent on everything else.

- **Use miles to book any seat, any time.**

If seats are available for sale on any United-operated flight, you can use miles to book an award ticket at the MileagePlus Standard Award level.

For additional details and to apply, please visit UnitedExplorerCard.com.

1 FREE CHECKED BAG: Free bag is for first checked bag for the primary cardholder and one companion on the same reservation. Service charges for additional/oversized/overweight bags may apply. Purchase of tickets with United Card is required. See United.com for details. Accounts subject to credit approval. Restrictions and limitations apply. United MileagePlus credit cards are issued by Chase Bank USA, N.A. Offer subject to change. See www.UnitedExplorerCard.com for pricing and rewards details.

United MileagePlus: Miles, awards, and benefits issued are subject to the rules of the United MileagePlus program. For details, see www.united.com.

CS4457



2/14



Farmers New World Life Insurance Company

PO Box 248831, Oklahoma City, OK 73124-8831

Columbus Life Office: Phone: (614) 764-9975 Fax: (866) 480-5503

Mercer Island Life Office: Phone: (206) 232-8400 Fax: (866) 480-5499

May 21, 2015

KIM TRAN
8804 S INDIANA AVE
OKLAHOMA CITY, OK 71359

INSURED: NHUC VU, DECEASED
POLICY NO: 003227280

Dear Ms. Tran:

This letter is to inform you of the status of your claim on this policy.

It is our routine procedure to have our representative verify the information provided directly from the sources in Vietnam. Because our evaluation is dependent upon responses from parties in another country, the process of concluding our handling can take time. We will do everything we can to obtain timely responses so that the claim can be finalized as quickly as possible.

If you have any questions, you may call or e-mail us using the contact information below.

Sincerely,

A handwritten signature in black ink, appearing to read "Reed Baker".

Reed Baker
Life Claims Department
Farmers New World Life Insurance Company
(206) 275-8133
life.claims@farmersinsurance.com

C: 08-35-38
BARRY HALE
7840 S PENNSYLVANIA
OKLAHOMA CITY, OK 73159

00108

I

OKLAHOMA 4 - 6 - 2015

Kính gửi lãnh đạo FARMERS life

Tôi tên : Kim NGOC TRAN - hiện cư ngụ Số nhà #

8804 . S. INDIANA. AVE , OKLAHOMA CITY . OK 73159 -

hôm nay tôi xin viết lá thư này xin trình

bày đến quý ông một sự việc như sau ,

Tôi có người anh tên là : NHUC VAN UU -

Sinh tháng - 12 - 1 - 1931 - tại Việt Nam , Số

Social Security # 586-44 - 2594 , anh tôi có

Anna life Insurance Farmers tháng 1 - 18 - 1990

là 20.000.00 (hai chục ngàn đô) ; đến năm 2000 thì

anh tôi muốn về Việt Nam ở , nhưng anh tôi đi đi

và về về ở Mỹ và Việt Nam , thì tôi và anh NHUC

có đến báo với ông Barry HALE : Agent : và rồi

000109

Bảo hiểm vẫn hằng tháng lấy tiền trong
 Bank UMB Của anh Khuc' là \$70.65, và hằng
 năm vẫn gửi trả về để đòi tiền bồi mà trước
 kia anh Khuc' có mua của FARMERS, nhưng
 tôi vẫn thay anh tôi trả tiền khi bảo hiểm
 FARMERS đòi,

Thời gian hơn 13 năm anh Khuc ở Việt Nam
 tôi vẫn thường xuyên liên lạc với anh Khuc,
 1 tháng 2, 3 lần, và hằng năm tôi về Việt Nam
 tôi vẫn tới thăm và có ở lại chơi với anh tôi
 1, 2 ngày cùng với gia đình anh Khuc'!

- đến ngày thứ 6 lúc 7 giờ 30 tôi tại Oklahoma
 tháng 10-19-2013 là con dấu anh Khuc' tên
 là Chiếu số phone # 0937039243 hiện cư

II

Khu Sô Nhà # 357/25, Khu phố 13, Đường
 Tân Hoà Đông, Ấp 10, Bình Chánh, Thành phố
 Hồ Chí Minh - Việt Nam - (Sài Gòn) là mộ báo
 rằng anh Nhuc đã chết rồi 6:55 sáng Việt Nam,
 đến Chữ Hui - 10 - 22 - 2013, tôi đến văn phòng
 gặp ông BARRY HALE - Agent, báo tin cho ông biết
 là anh Nhuc vẫn chưa chết rồi, thì ông BARRY
 HALE nói với tôi, khi nào có giấy khai tử thì
 đem đến! thời gian 5 - 6 tháng tôi không
 nhận được giấy khai tử của gia đình anh
 Nhuc gửi cho tôi; Sau đó tôi có nhờ một
 anh này ở Việt Nam nhờ bạn tôi giới thiệu anh
 này tên Nguyễn Đức Thanh, hiện ở Thành phố
 Hồ Chí Minh, Số phone # 0908760010, có đến cơ

000111

quan mỗi địa phương anh Nhuc ở? hỏi; Thì họ
 họ Sae Thuc là ông Khuc chết 10-19-2013
 nhưng họ không cấp giấy khai tử mà họ chỉ
 cấp giấy di chuyển Sae anh Nhuc về quê ở
 Châu Đốc - tỉnh Tiền Giang để chôn cất,
 họ nói anh Thành không phải là người trong
 gia đình nên họ không có quyền đưa và
 cấp lại giấy!

Kính thưa quý ông! nhưng tôi có giấy
 của Văn phòng Sở Kế hoạch và Đầu tư, chứng nhận lời
 khai của tôi là sự thật anh Khuc chết và
 đã cắt quyền lợi của anh Khuc rồi, và UMB
 Bank của anh Nhuc cũng chấp nhận lời khai
 của tôi là anh Khuc chết rồi, và UMB Bank

anh tôi để lại cho tôi được thừa hưởng của
 chấp nhận cho tôi được nhận số tiền mà
 pháp luật và xin quy ông giải và
 tôi xin hoàn toàn chịu trách nhiệm trả
 nên tôi không đòi không dùng sự thật
 nhưng là khai trên đây của tôi là sự thật
 quan quy ông cấp trên tôi và chứng nhận
 Như vậy hết rồi! thì kính mong
 và văn phòng MMB Bank, Sae thực là anh
 đơn vị, văn phòng Social Security Administration
 kính thưa quy ông, tôi thiết nghĩ có hai
 đồng fen,
 Sau đó họ đồng Bank MMB do anh nhưc
 đã trả lại tiền cho Sở Kự tế và

III

000113

anh tôi: trong thời gian hơn 23 năm
anh Nhuc' đã đóng cho hãng Bảo hiểm
FARMERS LIFE Insurance company, kính
mong quý công nhân nơi đây lòng thành
kính và Ơn Của tôi !

Oklatoma - 4 - 6 - 2015

Kim NGOC TRAN























































